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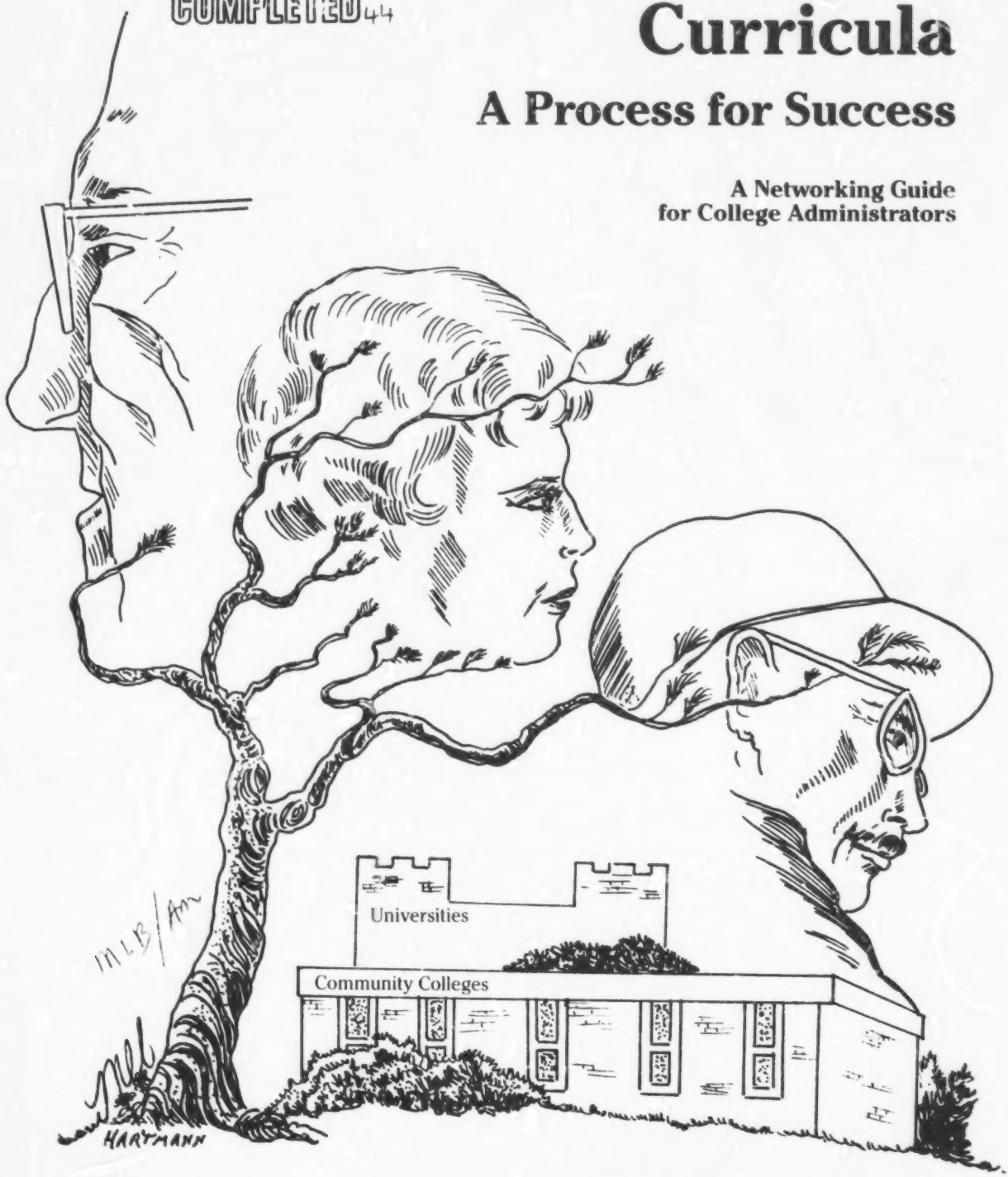
Developing Gerontological Curricula

A Process for Success

A Networking Guide for College Administrators



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ABSTRACT

Designed for college administrators, this guide provides a synthesis of a broad spectrum of approaches to creating gerontology courses and curricula. First, an introductory chapter looks at reasons for developing a gerontological curricula, potential audiences for such a program (i.e., health care providers, other caregivers, older adults, and career track students), and a rationale and process for setting up a gerontological curriculum. The next chapter identifies gerontology's core of knowledge; considers the unifying themes for the curriculum; describes a three-tiered curriculum for degree-seeking students, professionals and paraprofessionals, and informal caregivers; and discusses the synergy of the curricula. Next, the guide considers the groups that should be involved in a network for program development, including the on-campus gerontology team consisting of college administrators, faculty, and key members of the community; gerontological consultants with expertise in theory, research, and applications; and other community colleges. The next chapter suggests that a conference be held to launch the network, and recommends ways of maintaining the networks. The final chapter looks at issues related to funding and resources, and responds to some commonly asked questions. Following a bibliography, appendices provide lists of members of the National Association of State Units on Aging; ideas for short workshops, non-credit courses, or other educational activities for Older Adult Learning Centers; courses about or for the aging offered by members of the Western Kansas Community Services Consortium (WKCSC); Rural AGE Teams and Participants; institutions with educational programs in gerontology nationwide; conference tips and agendas; foundations which fund gerontological projects; and university participants in pilot projects. In addition, guidelines for developing gerontological modules and an article on the WKCSC are appended. (LAL)

Developing Gerontological Curricula

A Process for Success

A Networking Guide for College Administrators

by
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Foreword

Three years ago the staff of the Center for Aging at Kansas State University contacted AACJC to see if we knew what (if anything) community colleges were doing in the area of gerontological education. We knew that many community colleges were offering a variety of courses for the older American; however, we were not sure of the extensiveness of gerontological education oriented to professionals and others interested in aging.

We at AACJC recognized the importance of providing an educational curriculum for learners working with or aspiring to work with the elderly. Because community colleges are a major provider of educational programs for the elderly as well as working adults, the project developed by the Center for Aging was and continues to be extremely important for community, technical, and junior colleges.

This project is exemplary in that it represents a true collaboration between several community colleges and a major state university. One of the major reasons why the model can and does work is because of the collegiality that exists between the staff at the Center for Aging and the faculty at the community colleges.

This guide is oriented to issues related to the development of gerontological curricula at community colleges. The guide describes the development of a particular kind of partnership; however, the process of partnership development can entail other entities, e.g., high school/community college, community college/university.

What we are presented with here is not a traditional manual; rather, we are provided a process by which colleges can end up with a product. The guide presents a series of fundamental issues that must be addressed and not a set of formulas for proceeding. It describes the process by which collaborations develop. The readers of the guide will ultimately develop their own products.

The leadership of the Center for Aging at Kansas State University and the Western Kansas Community Services Consortium must be commended for developing this exemplary model and guide.

Dale Parnell, President and
Chief Executive Officer
American Association of
Community and Junior Colleges

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Preface

The "graying of America" reflects the increasing median age of our country's population. Its impact on you, the educational recruiter, is not just personal, however; it indicates the potential of a plentiful and powerful older adult market.

The purpose of this guide is to provide college administrators with the essential ingredients for creating gerontology courses and curricula—courses about, for, and by older people. Culminating three years' experience by seven community colleges in western Kansas, this guide synthesizes a broad spectrum of approaches to gerontological curriculum-building.

The older adult market includes several learner populations. Older adults themselves are interested in a wide range of instrumental and expressive courses: some are preparing for second or third careers and want vocational training; some, anticipating their own aging or that of their parents, want information about the aging process; some seek knowledge in the arts, sciences, and humanities, just for the sheer joy of knowing. A second major learner population in the older adult market comprises the professionals and paraprofessionals who serve older people. These are nurses, social workers, senior center staff, home care providers, and a multitude of other people whose jobs bring them in regular contact with older people. Thirdly, the vast majority of older people have family members and friends who care about them. These people in the "informal support system" form another important learner population for the college which offers gerontological courses. Finally, there are those younger students who, while not yet a part of the older adult market, seek careers in the rapidly growing field of gerontology. The gerontological education these students are now receiving will increase their capability to deal with aging personally and professionally.

This guide will address ways to set up a gerontological curriculum when you've never done it before, when your faculty has very little training in gerontology, and when your community is only beginning to learn what gerontology means.

Although our experience was in a predominantly rural area covering over half the state of Kansas, readers who represent urban areas can equally benefit from this information. The "demographic imperative" of an increasingly older population applies both to rural and urban areas. The more rural the area, the higher the proportion of older people; urban areas of the country, however, contain three-quarters of the older population.

This guide lays out a process, not a product. Gerontologists agree that there is no formula for the "right" gerontological curriculum. What we offer here is a model, with step-by-step instructions for developing the interpersonal and inter-institutional relationships which will enhance your efforts in developing gerontological curricula.

Acknowledgments

Many individuals, organizations, coalitions, and networks participated in Rural AGE: Accessing Gerontological Education, the pilot project which gave rise to this guide. The idea for Rural AGE originated at Kansas State University among staff of the Center for Aging and the liaison from the Division of Continuing Education. The Fund for the Improvement of Postsecondary Education (FIPSE) of the Department of Education provided the necessary funds to pilot test the model over a three-year period. A complementary one-year project entitled Rural GEM: Gerontological Education Modules was funded by the Administration on Aging (AoA) of the Department of Health and Human Services. Kansas State University provided matching faculty time, and the participating community colleges provided untold hours of administrative leadership in implementing their gerontological curricula.

One of the features of a project like this is that no one person can be said to be more crucial than any other. Individuals, however, are the critical force behind any endeavor, and we would like to thank:

Ted Wischropp, who made the initial connection between the Center for Aging and the Western Kansas Community Services Consortium;

Ed Berger, Darrell Cottingham, Jim Lenz, Joe Mildrexler, Doug Radohl, Gene Schneider, Betty Stevens, and Dennis Thompson, Deans of Continuing Education and Community Services, who took the stand for building gerontological curricula in their respective community colleges;

Helen Connors, Ron Harper, Carol Ann Holcomb, Nancy Intermill, C. Clyde Jones, Marvin Kaiser, Robert Lowman, Russ Mills, Katherine Newell, Lynn Osterkamp, Linda Redford, Donna Schafer, Jim Shay, and Pat Walstedt, gerontological consultants from the four university gerontology centers composing the Kansas Gerontology Consortium.

Current and former members of the seven Community College Teams:

Cloud County Community College: Darrell Cottingham, Dean; Lu Losh, Director of Nursing Program; Jim Haritatos, Nursing Home Social Worker; Ruth Pauliette, Retired; Joyce Siefert, RN Instructor in Nursing Program.

Colby Community College: Joe Mildrexler, Dean; Janice Aldrich, RSVP Assistant; Ruth Borthwick, RN, former Nurse Educator; Nancy Buer, Home Health Nurse; Joyce Hansen, Chair, Health, Physical Education and Recreation; Ann Hubert, former RSVP Director; Larry Koon, Sociology Instructor; Marion Richter, RN, Continuing Education Coordinator for Nursing; Laura Withington, RSVP Director.

Dodge City Community College: Jim Lenz, Dean; Charles Barnes, Governor's Council, Citizen; Jenise Braley, RSVP Director; Ed Herrin, DCCC Division Director and Sociology; Harlow McCosh, Director of Development; Karen Minks, Assistant Director Housing Authority; Anita Ness, Director of Nursing; Roger Pickerign, former Social Sciences Instructor.

Garden City Community College: Gene Schneider, Dean of Community Services; Joyce Boone, Head of Social Sciences Division; Cindy Coates, Director of Senior Center; Marjie Clarke, Hospital Volunteer Services Director; Donna Kennedy, Head of Nursing Education Program; Angie Miller, RN, Hospice Nurse, Mobile Agency SW Health; Jarla Oller, Social Worker; Sarah Osborn, Social Science Instructor; Melinda Spannenberg, former Public Relations Director; Dennis Thompson, former Dean of Community Services.

Hutchinson Community College: Ed Berger, Dean; Debbie Berndsen, RSVP; Judy Babb, Reno County Health; Lois Churchill, Director of Nursing Degree Program; Janet Hamilton, Continuing Education Administration; Wilma Kelley, Home Health and Gerontology Instructor.

Pratt Community College: Betty Stevens, Dean; Obie Benson, former Chief of Social Services, Pratt SRS; Ken Church, former Drama Instructor; Ken Clouse, Director of Voc./Tech./Con. Ed.; Don Hullman, former Dean of Instruction; Bob Romine, Sociology Instructor; Martha Sanders, Coordinator, Health Occupations, Continuing Education; Mike Westerhaus, former Biology Instructor.

Seward County Community College: Doug Radohl, Dean; Judy Davis, RN at Nursing Home, Director of Continuing Education; Jone Friesen, Director of Nursing; Betty Hollman, Education Coordinator for SW Medical Center; Dr. Thomas Johnnykutty, Chair, Allied Health Programs; Rev. John Loucks, Minister; Susan Roberts, Senior Citizen Center Director; Helen Sloan, Nursing and Gerontology Instructor; Roger Thompson, Nursing Home Director.

Joann McDonald Grason, our Program Officer at FIPSE;

Gerald Bailey and Harvey Littrell, KSU consultants on curriculum development;

Myrna Bartel, Linda Fornelli, and Teresa Young, Rural AGE conference presenters;

Faculty and staff of the Wichita State University Gerontology Center and others who gave generously of their time to support the developing curricula at the community colleges.

We also appreciate the support of organizations which encouraged the project's dissemination: the Association for Gerontology in Higher Education; the American Association of Community and Junior Colleges; the Mid-America Congress on Aging; the American Society on Aging; the Gerontological Society of America; the American Association of Adult and Continuing Education; the Missouri Valley Adult Education Association; the Kansas Adult Education Association; and the Association for Continuing Higher Education.

Joyce Hartmann, Executive Director, WKCSC
Edith L. Stunkel, Project Co-Director
George R. Peters, Project Co-Director
April 1986

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Introduction

Why Gerontological Curricula?

Helen Rhodes is a 57-year-old bookkeeper living in a small town. She lives with her mother who is becoming increasingly frail and cannot stay alone. They have applied to a local nursing home, but it has a waiting time of over one year. Miss Rhodes has wondered how she can make her home safer and how she can learn new skills for caring for her mother. "I'm afraid she'll break her hip when I help her in the bathtub." Miss Rhodes wishes night courses at the local community college were offered in home care and communicating with older people. She has friends who could stay with her mother while she attends classes.

Paul Simpson has been an orderly at the rural regional hospital for fifteen years. He has noticed that more and more elderly patients are being admitted now than when he began working. Dr. Moster, the hospital physician, recently praised his conscientiousness with the elderly patients, and Mr. Simpson would like to advance his education to understand better how to care for the elderly. At this point, however, he doesn't even know the word "geriatric" exists. Meanwhile, the Dean of Continuing Education at the community college 70 miles away wonders how he can develop advanced in-service training for nursing home staff.

Seven elderly people have been taking arts and humanities classes at the senior center for two and a half years. Bob Fraser and Jerrine Soberby from the area's community college teach the courses. After a recent class in literature in which they read *King Lear*, they stayed to talk about how different it is to be growing old now compared to Shakespeare's time. "It's going to be almost as different for our children, you know," said Mrs. Ricer. Mrs. Fournette replied, "it's too bad our community college doesn't have classes for young folks to help them get ready for being old."

Melissa Franklin will enter Hutchinson Community College this fall. Her involvement in a 4-H project during her senior year in high school introduced her to Area Agency on Aging programs in her home community. As a result, she plans to seek a career in gerontology as a social worker. Fortunately for Melissa, Hutchinson Community College offers courses in gerontology which will transfer to a state university where she can complete her career preparation goals.

Audiences for Gerontological Curricula

Community colleges are the principal providers of higher education in rural areas of the United States, and these hypothetical vignettes represent the kinds of educational programming community colleges are being challenged to provide. Four basic types of gerontological curricula are needed for different audiences.

1. Health Care Providers

Health care for the frail elderly is a growth industry, and professional health care providers (physicians, nurses, therapists, etc.) need to update and expand their skills as medical research discovers new avenues of treatment. Paraprofessionals in health care (aides, orderlies, medics, volunteers, etc.) need to understand the basic processes of aging, and to refresh and advance their skills regularly. In rural areas, acute care hospitals and nursing homes are primary settings where we find learners for this type of curriculum.

2. Other Caregivers

A second learner group for gerontological curricula includes social workers, senior center staff, homemaker aides, mental health workers, legal assistants, retailers, and others who provide services to older people outside medical facilities. Family, neighbors, church members, and other friends are also integral to this learner group (these informal support members provide 80 percent of the care for the elderly!). The courses in a gerontological curriculum for this vast audience can cover a broad range of topics from basic information about aging to specific practical skills such as communication, home modification, exercise regimens, etc.

3. Older Adults

Community colleges' gerontological programs have traditionally been strongest in offering courses for older adults themselves. Often, older adults take courses for expressive reasons. Given sufficient leisure time and available resources, they enroll in courses to satisfy personal desires for learning which may not have been possible at earlier times in their lives. Others seek practical advice for pragmatic concerns such as wills, estate planning, investment strategies, and sensible ways of dealing with complex issues of Social Security and health care. Still others ponder the possibility of new careers or other employment and seek courses to make such options possible. As we look to the future and the likely continued employment of many older workers, we must consider the need for more vocational training as well as expanding the kinds of avocational courses offered now.

This guide will address ways to set up a gerontological curriculum when you've never done it before, when your faculty has very little training in gerontology, and when your community is only beginning to learn what gerontology means.

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4. Career Track Students

Increasingly, younger students are viewing the field of gerontology as a viable career arena. Although many students will want to complete their education and training in gerontology within university settings, the community college provides an important avenue for entry into this field of study.

Why Gerontology at Your College?

1. People are growing older

If you serve a rural area, your elderly population is probably over the national average of 11.3 percent. Some rural counties have 30 to 40 percent elderly. If you consider age 60 or 55 to be elderly, then the proportion is even higher.

2. Old people are living longer

People over age 75 are the fastest growing segment of our population. By the middle of the next century, there will be a higher percentage of people over age 75 than there are now over age 65!

3. Gerontology and geriatrics careers are growth fields

Many of the jobs people have today serving older people did not exist just five years ago; five years from now there will be even more professional and paraprofessional jobs in the field of aging.

4. Gerontological curricula are multidisciplinary

Networking among faculty from different disciplines can result in creative outcomes. Networking with gerontological advocates throughout your college's service area can result in a powerful source of human resources and rapid feedback for marketing programs.

5. Community colleges share a mandate

Community colleges serve diverse learner populations in their service areas. As the number of older people increases and the issues of aging become a more prevalent and relevant concern in our society, so also must the programs of institutions of higher education change to reflect these concerns.

6. Local programs support the local workforce

A major study of workforce needs in gerontology showed that a majority of students trained in gerontology get employment within a 50-mile radius of their alma mater. If your college is in an area remote from institutions with gerontological curricula, then you could establish a program which would make a significant contribution to the workforce for aging services in your region.

How Do You Go About It?

This guide presents a model of gerontological curriculum development tested over three years in seven community colleges. One of the model's features is a unique relationship between community colleges and university gerontology centers whose faculty and staff provide expertise in the content areas of gerontology as each community college develops its particular focus and specific course offerings in the field.

What Is a Gerontology Curriculum?

There is no single best way to define what constitutes a gerontology curriculum. You can correlate curricula with different learner audiences, such as those represented in the four vignettes in the introduction to this guide: informal caregivers, paraprofessional and professional service providers, older persons themselves, and the "traditional" student. Workforce needs, such as career education in direct and administrative services to the elderly or training in second careers, may be used to define the parameters of a curriculum. Institutional settings often determine curricula, whether they provide undergraduate, graduate, postgraduate, or secondary and elementary education. Institutional mandates or constraints always have some effect on curricula. For example, institutions with statewide educational responsibilities may have different curricula from those serving a sub-state geographic area. Institutional resources and size may also shape curriculum development. Perhaps the most widely debated dichotomy in gerontological education is whether gerontology should be presented as a unique discipline or whether it is inherently multidisciplinary.

Our approach in this guide is predicated not only on the three-year partnership with seven western Kansas community colleges but also on ten years' experience developing university undergraduate and graduate curricula. We also draw upon the seven-year partnership with three other Kansas university gerontology centers and intensive involvement by faculty and staff with the Association for Gerontology in Higher Education's (AGHE) ongoing discussion and debate about the disciplinary or multidisciplinary nature of gerontology. We encourage you to peruse AGHE's literature for provocative discussions into what constitutes gerontology in education (Bibliographic References #4 and 7).

Gerontology's Core of Knowledge

In 1979, AGHE conducted an extensive study to determine what academic and practicing gerontologists viewed as essential content for gerontological education. Published as Part II of *The Gerontologist* (Vol. 20, No. 3, June, 1980), "Foundations for Gerontological Education" identifies the following topics which should be included in any gerontological curriculum:

1. Psychology of aging (normal changes);
2. Health and aging; and
3. Biology of aging (normal changes).
4. Sensory change;
5. Demography of aging;
6. Sociology of aging; and
7. Environment and aging.

In addition, the respondents, representing over a dozen professions and disciplines, recommended that the core also include a skills approach that emphasizes:

8. Understanding aging as normal experience.

Implications for Community Colleges

Two themes clearly emerge from this list of recommended courses for a core curriculum in gerontology. First, gerontology covers a diverse range of topics and content areas and therefore must be conceived in a *multidisciplinary framework*. This multidisciplinary focus can be maintained whether the curriculum is administered by a specified unit such as a department or center or as a coordinated college-wide program. Second, the core gerontology curriculum focuses on *aging as a normal process*, in contrast to abnormal, problem-oriented, or pathological approaches. Given these themes, and the above recommended topics, your college will develop its own unique gerontological curriculum pertinent to your service areas' needs, resources, and interests. You may integrate gerontological information into existing courses; you may develop an associate degree in gerontology; or you may create something in-between. Whatever the format, administrative structure, or targeted audiences, the *intended result will be to improve the quality of life of older people*, either directly or indirectly.

Framing the Curriculum in Terms of Learner Audiences

Three-Tiered Curriculum for Degree-Seeking Students

The degree-seeking student who may transfer to a four-year institution before launching a career is one of the major audiences for whom a core curriculum, such as the one recommended by AGHE, should be designed.

The cornerstone of any gerontological curriculum is a *multidisciplinary introductory course*. This course should be primarily descriptive, rather than theoretical or analytical, and should cover the core content areas of psychology, health, biology, sociology, demography, and environment, all from

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This guide presents a model of gerontological curriculum development tested over three years in seven community colleges.

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the perspective of aging as normal experience. Although the course may be taught by a single instructor, many colleges have found it worthwhile to create the course partly in a guest lecture format, drawing upon faculty from the various disciplines covered in the core curriculum. Guest lecturers may also include local service providers and other consultants in gerontology. The primary disadvantage to the guest lecture format is discontinuity between presentations. Ways to offset that problem include orienting presenters to the goals and objectives of the course and allowing for ample discussion times.

The second tier of courses in a core curriculum in gerontology are the *disciplinary ones from psychology, health, biology, and the social sciences*. These may be created newly or revised from existing courses. Specific criteria may be needed to assure gerontological content. At Kansas State University, a course must contain at least one third gerontology content to be considered for the gerontological curricula.

The third tier of gerontological curricula is the most *variable*. Some colleges develop career ladders, or tracks, for specific professions that work with older people. In the AGHE Foundations Study, three career "clusters" were found to be viable ways of organizing gerontological curricula. These clusters relate to *biomedical specialties, psychosocial functioning, and the socioeconomic environment*. The cluster model may be most feasible for large institutions with many departments and disciplines, but variations on the model can be considered for two-year instititutions as well, especially in such fields as nursing, home care, and paramedical services.

It may not be realistic or feasible for a community college to create the entire three-tiered curriculum described above. This is an area in which discussions with university-based gerontology centers may be useful for developing ways to integrate and articulate your programs with those offered at other institutions. See Section III of this guide for details on the community college/university interface.

Professionals and Paraprofessionals

Continuing education and recertification for professionals and paraprofessionals working in the field of aging may involve state-mandated topics and content for coursework. State Departments of Health, Aging, Social Services, and Public Administration can provide you with the licensing and recertification requirements for various professions. Professional and advocacy organizations in allied health, aging, and education also may have developed recommendations for continuing education in aging. See Appendix 1 for a listing of each State Unit on Aging from which you can request referrals to other review organizations. In order to insure that students receive professional accreditation for courses, it is important to establish ongoing relationships with those agencies which can approve continuing education credits for certification or relicensure.

It is important to know, however, that the accreditation for many professions does not specifically require gerontological knowledge. Educational requirements are often disciplinary, focusing for example on nursing, social work, dietetics, or counseling. Professionals in such fields may be serving older people without having had formal education about their clientele. Gerontological coursework and workshops offered through local colleges can significantly upgrade the understanding and skills of people working directly with the elderly.

For many service-providers to the elderly, there are no prescribed educational standards except those required by the employing agency. Many of the positions in the "Aging Network" are not within the jurisdication of a state or national accrediting organization: e.g., Area Agency on Aging staff, senior center directors and staff, transportation directors, housing directors, etc. Education about the aging process could certainly enhance the services provided by people holding these jobs.

Informal Caregivers

Education for family and other informal caregivers is a burgeoning field. Unlike the traditional student, these individuals probably are not interested in obtaining a degree, and their educational interest will undoubtedly span more than the typical two-year duration. Nevertheless, they can benefit from core curriculum courses in gerontology as well as continuing education and courses specially designed to meet their unique needs.

Older Adults

Creating a curriculum of education for older people minimally takes no more than reaching for a current college catalog. All currently offered courses can be marketed for older people, assessed for handicapped access, and scheduled and located for ease of attendance by older people.

Education for older people may be either expressive or instrumental. Expressive courses generally include the arts and humanities, but they also draw from science, social science, and technical courses. Instrumental courses often address employment opportunities for older persons, preretirement planning, estate planning, preparation of wills, and volunteer training. The Older Americans Act, for example, mandates that all advisory boards and councils involved in implementing the Act contain over 50 percent older people, so training of older people about the aging process could complement their training as members of boards.

Ideas for new courses and workshops for older people are practically endless. See Appendix 2 for a sample of course listings suggested for a learning center designed specifically for older people.

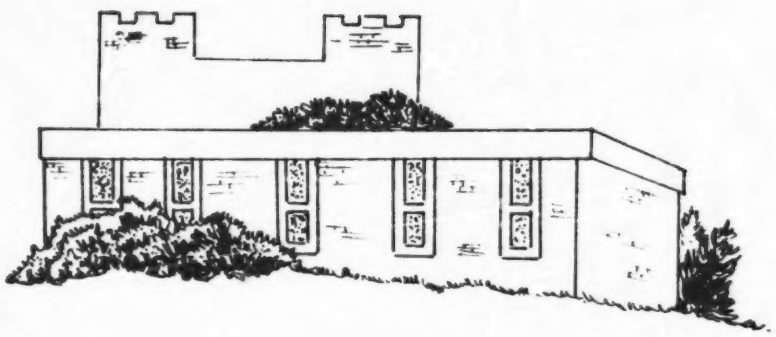
At two of the community colleges in the pilot project, Senior Olympics events were held, complete with athletic and recreational competition and awards. One college also sponsors an annual aging conference in addition to its standard curriculum. Another college has developed annual Elderhostel classes. See Appendix 3 for examples of these programs.

The Synergy of Gerontological Curricula

Wherever you start developing gerontological programs, you will likely find a ripple effect that impacts on other areas of the college. The traditional academic curriculum may generate sensitivity on campus to gerontological issues in numerous departments; gerontological content may emerge in courses outside the original "core" curriculum. At Kansas State University, an English course *Literature and Aging* was developed a few years after our undergraduate curriculum began. The above-mentioned Senior Olympics and Elderhostel programs are examples of unanticipated spinoffs of gerontological curricula. If you begin with continuing education in gerontology, you may find that the professionals and paraprofessionals attending the courses provide you with channels to market programs directly to older people.

Programs for older people, especially if offered on campus, can create awareness about aging among traditional students as they interact with their older peers in learning.

Workshops for the informal caregiver can give your college exposure to a new potential learner group for a variety of courses, not necessarily just in gerontology. Adult students who first take courses to help them cope with personal issues may branch out into other subject areas once they are familiar with your college's resources.



Networks: Key Ingredients for Developing Gerontology Programs

Let's assume that you have no experience with gerontology programs at your college. Where do you start?

Three different networks will ultimately interconnect to advance your progress:

1. A local gerontology team will contain representatives from your local service area.

2. University gerontology centers will give you access to faculty with expertise in research, theory, education, and practice in aging

3. A community college coalition or consortium will strengthen and facilitate your program development plans.

The Gerontology Team

Invite your colleagues to form a Gerontology Team. Ideally, the team will include at least one college administrator, faculty, and some key members of the community who are interested in aging issues.

A Gerontology Team Can . . .

- Address the multidisciplinary nature of gerontology;
- Provide a vehicle for cooperation among different units and organizations throughout the community college and its service area;
- Sensitize community college administrators, faculty, and community members to the need for gerontology on the campus and in the service area;
- Assess various mechanisms and provide different viewpoints on how to meet the need for gerontology programs;
- Facilitate coordination of community college and other community-based educational services;
- Stimulate action by all participants toward common goals;
- Aid rapid acquisition of information and resources;
- Advocate for the development of new programs and curricula;
- Generate support for new programs among various constituents;
- Provide a forum for idea exchanges;
- Recognize and acknowledge the contributions of each team member and serve as a support system.

Creating the Gerontology Team

You may have an idea of the kind of gerontology programming your college might initiate; if so, include those administrators who are crucial for the success of such initiatives. Since many of the programs for older people and professionals in the field include continuing education or off-campus courses, the Dean of Community Services, Continuing Education, or equivalent, is often one appropriate administrator for the Team.

Team members from your college should reflect your institutional missions, whether they be oriented toward vocational, liberal arts, or professional training. The disciplines from which you may consider faculty are as diverse as your existing programs: allied health, nursing, social sciences, biology, speech, drama, and humanities are good places to start looking for interested faculty. Don't overlook part-time faculty—they often have community links which become vital to the team.

While it is certainly feasible to start new programs and curricula solely from within your college's administration and staff, and many excellent programs do start that way, our experience shows that including community representatives on the Gerontology Team facilitates your new initiatives in a num-

ber of ways. Community representatives have the ear of older people, service providers, and the informal support systems of the elderly in your service area; they can provide important assessments on program needs; they know others who may be useful as guest lecturers or even adjunct faculty for newly developed courses; they have strategies for program publicity and dissemination; and they know, through training and/or experience, current issues in aging. You may find these community representatives in such places as senior centers, nursing homes, Retired Senior Volunteer Programs, hospice programs, hospitals, Area Agencies on Aging, and County Councils on Aging. If you have no leads, contact your public library for names of organizations that serve older people; also, your state department on aging (see Appendix 1) can link you up with your region's Area Agency on Aging and other resources.

Wherever you start developing gerontological programs, you will likely find a ripple effect that impacts on other areas of the college.

Appendix 4a lists individuals who participated in the Gerontology Teams of the seven community colleges in the pilot project.

The Gerontology Team's Agenda

Now that you have four or more on your Gerontology Team, it's time to launch the planning process. This is an area in which you as college educator have a lot of expertise, so we will just briefly list the issues the Team should address:

a. Documenting the need:

- Who are the target audiences?
- What are their educational needs?
- What resources currently exist in your college and community to meet these needs?
- How aware and/or sensitive is your college administration to these needs?
- How well are these needs being met now?
- How do you propose to improve meeting these needs?
- How will the community as a whole benefit?

b. Setting program goals:

- What learner and community needs can your college best serve?
- How will various participants benefit (learners, faculty, governing board of the college, older people, etc.)?
- What are the team's short and long-range visions for gerontology programs at your college?
- Who needs to be informed of the goals, and what is the most effective means of presenting them?
- What activities are necessary to achieve the goals?

Establishing Roles

Now you need to determine what tasks have to be done to initiate the gerontology program your team has chosen, identify who on the team is best suited to do them or who knows someone who can do them. What resources are available to accomplish the tasks? The tasks at hand will range from the concrete to the abstract—from mustering specific resources such as textbook recommendations and identifying potential faculty to rallying support, selling the idea, and marketing your team's chosen project.

Your administrative style and the preferences of team members will determine how often and with what formality your team meets. No one style necessarily produces better results than another. What works for your college and community is best determined by you and your team.

Intra-Team Support

Regardless of the frequency and type of your meetings, it is important to keep all team members up-to-date about program plans. Each team member will have his or her unique network of resource information relevant to gerontology programs, and a system to share these materials will expedite your progress. It may simply be a matter of circulating at each meeting new resources like newsletters, publication fliers, and journals; or, you may want to develop an intra-team routing system to keep members abreast of latest developments between meetings. Whatever the system, remember that what appears to one member as an informational dud could be the entree for another to develop the next program thrust.

For another view on team development, see "Developing Interdepartmental Relationships" by Jody Olsen (Reference #3).

Gerontological Consultants

Your team's community representatives will serve as local consultants for gerontological issues, but you also need gerontologists with expertise in theory, research, and application of knowledge in this multi-disciplinary subject. The primary resource for such expertise can be found in gerontology centers at universities and other institutions of higher education which do research, teaching, and outreach in aging. Every state has such gerontological centers (see Appendix 5 for the list of member institutions in the Association for Gerontology in Higher Education. AGHE can provide

your team with an overview of each institution's gerontology programs and a contact person).

Gerontology centers usually serve as focal points in their institutions for information about gerontological faculty and resources in other departments of the university. The more specific your inquiry, the more likely you will be linked up with the most appropriate person to meet your team's planning needs.

Don't overlook your state's Cooperative Extension Service; many states have gerontological specialists or other home economics specialists with gerontological expertise.

A later section deals with the advantages of networking with other community colleges.

University gerontology centers serve as focal points in their institutions for information about gerontological faculty and resources in other department.

The Role of the University Gerontologist in Community College Program Development

Community College Gerontology Teams may tap the expertise of university gerontologists in a number of ways. Possible roles for you to consider are:

- Use university faculty as consultants to your team throughout the planning process.

- Ask university faculty with expertise in specific content areas to assist developing new courses or revising existing ones.

- Invite university faculty to give guest lectures in gerontology courses.

- Request bibliographies and recommendations about audiovisual and other resources for course development.

Such relationships with university faculty may begin with telephone contact or correspondence and result in their visiting your campus. Another way to use university faculty is at their own campus, by sending a delegation or envoy from your team to the university gerontology center. A well-planned trip could result in your team meeting with several faculty and staff of the gerontology center, touring their facilities, exchanging mutual interests, and exploring areas for joint program development.

A third way for your team members to benefit from the expertise of university faculty is by attending statewide, regional, and national gerontology conferences where faculty present the latest findings in teaching, research, and outreach in aging.

The Value of Community College/University Ties

In a time when we perceive the pie to be shrinking, we can't waste any resources in achieving our goals. Community colleges and universities both are institutions of higher education, and we can complement each others' strengths in developing and providing programs to meet society's educational needs. Our experience in the pilot project has been that a joint project can surmount the traditional institutional turfdom and benefit each of us as well as our citizens—more so than any one of us could achieve alone.

Specific advantages to community colleges include:

- Providing research-based and theoretically conceptualized knowledge about aging processes.

- Improving the process of course transfer approvals by involving university faculty in developing the courses in the first place.

- Motivating community college faculty to pursue advanced degrees in gerontology or related fields at participating universities.

- Accelerating access to key materials and curriculum development resources.

Advantages to universities include:

- Assuring high quality courses in gerontology for transfer students.

- Developing new linkages for possible research projects.

- Enhancing the likelihood of student transfers.

- Addressing outreach missions and/or helping improve the quality of higher education in state or area.

Tasks for the University Gerontologist

If you are a university gerontologist perusing this guide, it would be your task to contact community colleges in your state and let them know the human and material resources you have available for them.

- Do you have a gerontological library from which community college faculty could borrow books and other documents?

- Do you have colleagues who would be willing to consult with Gerontology Teams as they develop new courses and programs?

• Do you have audiovisual materials which could be used in new course offerings at community colleges?

• What research are you and your colleagues conducting that is relevant to the various learner audiences of community colleges?

• Do you publish a newsletter, journal, monographs, etc. which you could make available to your community college colleagues?

• Do you offer a seminar series or other programs that could be taken "on the road" to community colleges?

Recognizing the power of strength in numbers, or committed to a deeper sense of sharing, community colleges can come together to form coalitions or consortia—to share knowledge about and open up access to resources, support mutually beneficial program development, conceptualize complementary curricula, and foster creative problem-solving.

Networks With Other Community Colleges

Alternative Scenarios

In an economy of shrinking resources and high learner expectations, community college educators must grapple with the challenges of initiating, developing, and expanding gerontological programs and curricula. Best intentions can be overwhelmed by the barriers of funding, access to resources, and faculty overload. Compounding the problem is the intense competition among agencies and organizations that want to serve the elderly. Two patterns may emerge from this scenario:

1. The strong and more aggressive institutions of higher education gain access to funds, and thus resources, and the weaker ones bow out of the race. In this way, direct learners, the students of the successful institutions, benefit, but the elderly who live in areas where the programs succumb will often be underserved.

2. Recognizing the power of strength in numbers, or committed to a deeper sense of sharing, community colleges can come together to form coalitions or consortia—to share knowledge about and open up access to resources, support mutually beneficial program development, conceptualize complementary curricula, and foster creative problem-solving.

Both of these scenarios are based on the assumption that someone has something to gain. In the first scenario, one institution's gain is another's loss. In the second scenario, everyone can gain. In fact, the second scenario allows for the creation of new resources to support the initial investment of each institution. In order for scenario 2 to work, however, the coalition or consortium must be structured in such a way that all colleges opting to participate must have something to *gain* in addition to their initial investment.

Benefits to Community College Networking

Assuming you have chosen to pursue the second scenario portrayed above, you probably appreciate the general philosophical basis for cooperation. Just as the Gerontological Team at the local community college level provides many benefits to your program development in gerontology, so, too, you will find several compelling benefits to joining at least informally with your colleagues in other two-year institutions:

1. Gerontological consultants may participate more willingly if their input serves several colleges.

2. Several colleges can exchange syllabi, resources, and other information and materials on existing courses they offer in the field of aging.

3. By pooling scarce funds, several institutions may be able to acquire and share valuable resources such as audiovisual materials which one institution alone could not afford.

4. Even minimal investment of in-kind resources such as administrative time and travel may result in products that create income for each college, such as joint conferences or modules from which new courses can be developed. (See Appendices 6 and 7 for examples of such products arising out of the pilot project.)

5. Coalitions can be useful to influence state policies on education and gerontology, such as certification requirements for service and health care providers to the elderly.

6. Friendships from working together toward a common goal create a network for continual sharing of ideas, solutions for problems, and generation of new products and projects.

What Does A Community College Network Look Like?

Coalitions may be formed specifically for gerontological program development, or they may be part of a larger view supporting many areas of mutual program development. In Michigan, for example, community colleges joined together to form a statewide consortium specifically for developing programs in aging; in Kansas, western rural community colleges used an existing consortium to add a gerontological focus. While it is not necessary to have pre-existing relations with other institutions in order to launch cooperative ven-

tures in gerontology, it certainly is to your benefit to capitalize on any momentum from other joint projects with sister institutions.

Higher administrative levels of networking among institutions probably lend more clout to coalitions. A statewide project in Arizona for curricula in long term care was strengthened by well-received presentations to the State Board of Directors for Community Colleges and the Colleges' Council of Presidents. The Kansas pilot project involved a consortium of Deans of Community Services/Continuing Education.

Flexibility and accommodation to members' preferences for meeting structure appear also to be key components of consortial longevity.

Coalitions and Consortia: A Continuum of Networking

There is no single or magic formula for building coalitions or consortia. In fact, such structures are not necessary to create a high quality gerontological curriculum. Many colleges have developed strong programs quite independently of involvement with sister institutions.

Our experience in the pilot project indicates that a coalition or consortium approach is cost- and program-effective when community colleges:

- Have mandates, expectations, or desires to respond to new learner populations;
- Must respond within a context of limited resources; and
- Are willing to transcend feelings of institutional superiority and embrace colleagues as co-equals.

Informal Networking

Networking may be informal, formal, or somewhere in-between. Informal networking occurs irregularly and may be triggered by serendipitous meetings between colleagues at meetings scheduled for other purposes. Informal networking also includes occasional mail and telephone communications which are not pre-planned. Informal networking for gerontological curriculum development works satisfactorily for exchanging information on such items as program descriptions, articulation issues, marketing strategies, and achievement of program visibility.

Formal Networking

Formal networking is often labeled a consortium or coalition and involves written agreements between participating institutions. Such agreements can range from memoranda of understanding to full-blown articles of incorporation and by-laws. The agreements delineate collective projects and courses of action which the consortium will undertake. There is theoretically no limit to the kinds of activities that a formal network can pursue. Some advantages to formal networking include providing: institutional commitment to your project (and sometimes funding); clear expectations for participation; strengthened relationships that can help tide over lean times and override intraorganizational conflict; and an extra-institutional identity for participants which can lead to active creation of new joint projects.

Intermediate Networking

Networking can take on any gradation between the formal and informal types. If creating a formal consortium unduly diverts your efforts from curriculum-building, you may consider informal verbal or written agreements in lieu of institutionalized ones. Minutes of meetings are a good way to keep track of such agreements. Intermediate networking is effective for activities such as: updating participants on progress on joint projects; exchanging training materials and advice on course development; and providing opportunities for your college's faculty to meet with their counterparts and with gerontological consultants.

The Pilot Project

The pilot project demonstrated that various levels of networking can work simultaneously to create gerontological curricula. The seven participating community colleges were a pre-existing formal consortium which, prior to the pilot project for gerontological curriculum development, had not worked on aging projects. Each college contributed an annual fee to support a part-time director, and meetings were held monthly on a rotating schedule of locations. The university gerontology center involved in the pilot project was a member of an informal network with three other gerontology centers in the state. Through this informal network, the gerontological resources of several universities were mobilized to work with the community college consortium, and, in the process of the project, the informal university network evolved more into an intermediate network.

Where along the networking continuum you choose to participate depends on circumstances existing in your state and service area. Our experience in Kansas demonstrated that intermediate and formal networking is workable, powerful, mutually beneficial, and effective for gerontological curriculum development at community colleges.

Integrating the Networks

Once your gerontological team is formed and you have identified key contacts in each of the other two networks (university gerontology centers and sister colleges), the task is now to integrate all these actors. Ideally, your counterparts in sister colleges will have also convened a gerontological team. Our experience in the pilot project demonstrated that a conference is the most effective way to combine the three key networks essential to launching gerontological curriculum development at community colleges.

The Launching Conference

The purpose of a conference is to bring together members of your gerontological team, teams from other community colleges, and university gerontological consultants to generate momentum in each community college toward gerontology programming. A prerequisite to the conference is to have all the relationships established between yourself and the three key networks: your team, university gerontology center contacts, and other community college colleagues. The timing of the conference, then, will vary depending on your progress in establishing these relationships. It may not necessarily precede the development of gerontology courses at your college.

A launching conference could:

- Build a sense of collegiality among community college teams;
- Introduce teams to the variety of possible gerontological curricula;
- Share current community college resources in gerontology;
- Coordinate curriculum choices among teams whose service areas are contiguous or serve overlapping constituencies;
- Expose team members to gerontological consultants in a variety of subject areas;
- Display training materials available from university gerontology programs;
- Identify gaps in resources;
- Address transfer of credit issues between community colleges and universities;
- Create timelines for developing and implementing gerontological curricula;
- Initiate and create commitment to ongoing relationships among all actors.

Appendix 6 shows agendas and supplemental materials from the three conferences held during the pilot project. Any of the goals and activities would be appropriate in your initial launching conference.

Alternate Conference Formats

While the pilot project's conferences were freestanding, there are several other formats available.

Piggybacking

Many professional conferences in gerontology and adult and continuing education offer pre- or post-workshop sessions. By piggybacking your launching conference onto an existing organization's annual conference, you will avoid many of the logistics problems encountered in creating a freestanding conference. Another advantage is that the costs could be lower for network members attending the existing conference. Disadvantages could be that the conference site is not convenient to your network members, the timing is poor for some of the network members, and the time commitment is too great for those already planning on attending the existing conference.

If scheduling a formal conference piggybacked to another meeting is not feasible, and you and your networks are ready to meet, at least plan to use the existing meeting to get together informally to plan the next steps in your joint projects.

Teleconferencing

Teleconferencing is an alternative to a freestanding or piggybacked conference. Teleconferences may be set up through regular national or regional telephone companies, or you may find that one of the universities with whom you are networking offers a low-cost teleconferencing service throughout your state. In Kansas the Regents system has a TELENET system, with sites at many community colleges, all the regional offices of Social and Rehabilitation Services (welfare offices), and some high schools.

A prerequisite to the conference is to have all the relationships established between yourself and the three key networks: your team, university gerontology center contacts, and other community college colleagues.

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1. *Advantages* to teleconferencing are: it's cheaper; it can often be set up faster; there are fewer participant logistics (no meals or lodging); and it can include consultants from outside your networking area at lower cost (no travel fees, and fewer hours of consultant involvement resulting in lower consulting fees, if any).

2. *Disadvantages* to teleconferencing are: it is more difficult to establish rapport and initiate networking relationships without in-person contact; the agenda must be tight and expertly convened in order to maintain momentum; conferencing hours are fewer when people meet by teleconference; it is difficult to expose all participants to the training materials that gerontological consultants would otherwise bring for display at a face-to-face conference; and participant materials must be sent in advance to each site.

Maintaining the Networks

The outcomes of your launching conference will determine to a great extent the nature and frequency of inter-network communication as each community college team develops and implements gerontological curricula. In the pilot project, we found that geographical distance hindered the community colleges' using gerontological consultants at their campuses. Telephone and mailed correspondence was the norm for university-community college communication. A good way to maintain your team's ties with university gerontologists is by sending them minutes of your meetings.

Among community colleges, there are opportunities to maintain ties through statewide meetings and existing or newly formed administrative coalitions or consortia. Team members should be encouraged to keep in touch with their counterparts at other community colleges as they develop courses and marketing plans and seek instructional materials. Inter-team sharing through the minutes of meetings should also be considered.

An annual conference or teleconference is one of the best ways to maintain ties, update all participants on progress, share new resources, and explore new opportunities for interaction in the future.

Serendipitous outcomes should be anticipated. In the pilot project, the community college faculties' interest in gerontology precipitated a subsequent project focusing specifically on faculty development.

Funding and Resources

Obviously, a new curriculum or program has a price tag, and to a great extent, the more money you are willing to allocate for the program, the easier its implementation will be.

Funding Sources

There are at least four arenas in which funds for gerontology curricula can be sought: (1) your college; (2) other community colleges; (3) universities with gerontology centers; and (4) sources outside of institutions of higher education.

Your College

You know best the resources of your own college and how flexibly they can be mobilized for gerontological curricula. In-kind resources should not be overlooked in supporting your new program: long-distance telephone access, administrative time, library acquisitions, etc. A new credit course offering in gerontology which addresses well-documented learner needs may create revenues for you. (One of the community college deans in the pilot project also recommended a new course offering as one of the best ways to test the market!)

A Pooling of Funds

You and several of your colleagues at other community colleges might consider pooling a small amount of seed monies for gerontological curriculum development. An initial investment of a few hundred dollars could be all you need to launch the networks and programs. It is not necessary to create a formal consortium in order to administer such funds, if you and your colleagues have the commitment to spend the time necessary to oversee your joint venture.

University Gerontology Centers

University gerontology centers may have some discretionary funds to assist in the development of new programs. They also may be able to allocate in-kind resources such as training materials, audiovisual loans, and faculty travel.

Grants

Outside funding can be sought through grants to governmental or private funding agencies. Appendix 8 lists private foundations which have an interest in gerontological programs. The major federal agency which funds gerontological training programs is the Department of Health and Human Services' Administration on Aging. Your university liaison or State Unit on Aging (Appendix 1) can provide you with the current contacts for gerontological training. Some State Units on Aging contract out training funds for personnel in the State and Area Agencies on Aging and local service providers funded by them. Your service area's Area Agency on Aging is also a possible resource for funds, if your educational programs have a service component that matches their annual plan.

Fund-raising may need to be one of the goals of your team, if your program goals exceed your available budget. Be aware, however, that grantwriting may skew your plans, if the funding agency's goals do not match those of your Team.

Resources

We cannot encourage you strongly enough to use the gerontological resources within your state: university gerontology centers, and the State Unit on Aging and the rest of the "aging network" (Area Agencies on Aging and local service programs for the elderly). Appendix 1 lists each State Unit on Aging through which you can gain access to the rest of the aging network in your state. Appendix 5 lists the institutions which are members of the Association for Higher Education in Gerontology (AGHE). AGHE is also sponsoring a nationwide survey of all gerontological programs that extends past its own members.

Often-Asked Questions

Community college teams during the pilot project raised some persistent questions, some of which we answered elsewhere in this guide. Briefly, we repeat them here with summary answers:

• What credentials are required in gerontology? There are no nationally agreed-upon credentials in gerontology.

• What constitutes a basic gerontology curriculum? Core content areas are: psychology, health, biology, sensory changes, demography, sociology, and environment, with the major content focus on aging, and in the context of aging as normal experience.

We cannot encourage you strongly enough to use the gerontological resources within your state: university gerontology centers, the State Unit on Aging, and the rest of the "aging network."

• What is the best textbook for an introductory gerontology course? We recommend you tap your state's gerontology center for this one. There are numerous good texts, and your choice should depend on your course objectives, target audience, and instructor's preference.

• How do we market gerontology courses? That depends on who the target audiences are. Professionals in the field can be reached through health care facilities, Area Agencies on Aging, ministerial alliances, and contacts that your team members know about. Family and other informal caregivers can be reached through churches, the mass media, word-of-mouth, and team member contacts. Older persons can be reached through Area Agencies on Aging, senior centers, word-of-mouth, and team member contacts. Undergraduate students can be reached through faculty advisors, college catalogs, admissions offices, regular recruitment processes, and team member contacts.

• Will our gerontology courses transfer to universities in the state? Your university gerontological contacts can work with you to achieve articulation of your basic gerontology courses.

• How can I get more information about existing courses? Some introductory texts have accompanying instructor's manuals. Your university gerontology networks should be able to provide you with appropriate syllabi of courses you are interested in developing.

We also anticipate you may have additional questions about the pilot project and its participants. Appendix 4 lists the participants in the community college consortium; Appendix 9 contains the members of the university network involved in the pilot project. We look forward to hearing from you!

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Appendices

Appendix 1

National Association of State Units on Aging

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Anna M. Pluhar, Director
Council on Aging
105 Loudon Road-Bldg. #3
Concord, NH 03301
(603) 271-2751

New Jersey
Ann Zahora, Director
Division on Aging
Department of Community Affairs
P.O. Box 2768
363 West State Street
Trenton, NJ 08625
(609) 292-4833

New Mexico
Rita Maes, Director
State Agency on Aging
224 East Palace Avenue
La Villa Rivera Bldg–4th Floor
Santa Fe, NM 87501
(505) 827-7640

New York
Eugene Callender, Director
Office for the Aging
New York State Plaza
Agency Building #2
Albany, NY 12223
(518) 474-4425

North Carolina
Elaine Stoops, Asst. Secretary
Division on Aging
1985 Umpstead Dr.–Kirby Bldg.
Raleigh, NC 27603
(919) 733-3983

North Dakota
Larry Brewster, Administrator
Aging Services
Department of Human Services
State Capitol Building
Bismarck, ND 58505
(701) 224-2577

Northern Mariana Islands
Edward Cabrera, Administrator
Office of Aging
Department of Community &
Cultural Affairs
Civic Center–Susupe
Saipan, Northern Mariana Islands 96950
Tel. Nos. 9411 or 9732

Ohio
Joyce Chapple, Executive Director
Department on Aging
50 West Broad Street–9th Floor
Columbus, Ohio 43215
(614) 466-5500

Oklahoma
Roy Keen, Supervisor
Special Unit on Aging
Dept. of Human Services
P.O. Box 25352
Oklahoma City, OK 73125
(405) 521-2281

Oregon
Richard Ladd, Administrator
Senior Services Division
313 Public Service Building
Salem, OR 97310
(503) 378-4728

Pennsylvania
Alma Jacobs, Secretary
Department of Aging
231 State Street
Harrisburg, PA 17101-1195
(717) 783-1550

Puerto Rico
Pura Quesada Picó, Executive Director
Gericulture Commission
Department of Social Services
P.O. Box 11398
Santurce, Puerto Rico 00910
(809) 721-3141 or 722-0225

Rhode Island
Adelaide Luber, Director
Department of Elderly Affairs
79 Washington Street
Providence, Rhode Island 02903
(401) 277-2858

(American) Samoa
Tali Maae, Director
Territorial Admin. on Aging
Office Of The Governor
Pago Pago, American Samoa 96799
011 (684) 633-1252

South Carolina
Harry Bryan, Executive Director
Commission on Aging
915 Main Street
Columbia, SC 29201
(803) 758-2576

South Dakota
Michael Vogel, Executive Director
Office of Adult Services and Aging
700 North Illinois Street
Kneip Building
Pierre, SD 57501
(605) 773-3656

Tennessee
Emily Wiseman, Executive Director
Commission on Aging
715 Tennessee Building
535 Church Street
Nashville, TN 37219
(615) 741-2056

Texas
O. P. (Bob) Bobbitt, Director
Department on Aging
P.O. Box 12768 Capitol Station
Austin, TX 78711
(512) 444-2727

Trust Territory of the Pacific
Augustine Moses, Acting Chief
Office of Elderly Programs
Community Development Division
Government of TTPI
Saipan, Mariana Islands 96950
Tel. No. 9335 or 9336

Utah
Robert K. Ward, Director
Division of Aging and Adult Services
Dept. of Social Services
150 West North Temple-Box 45500
Salt Lake City, Utah 84145-0500
(801) 533-6422

Vermont
Joel Cook, Director
Office on Aging
103 South Main Street
Waterbury, Vermont 05676
(802) 241-2400

Virginia
Wilda Ferguson, Commissioner
Department on Aging
101 North 14th Street
James Monroe Building 18th Floor
Richmond, Virginia 23219
(804) 225-2271

Virgin Islands
Gloria King, Executive Secretary
Commission on Aging
6F Havensight Mall-Charlotte Amalie
St. Thomas, Virgin Islands 00801
(809) 774-5884

Washington
Ralph Smith, Acting Director
Bureau of Aging and Adult Services
Department of Social and Health Serv.
OB-43G
Olympia, Washington 98504
(206) 753-2502

West Virginia
Phil Turner, Director
Commission on Aging
Holly Grove–State Capitol
Charleston, West Virginia 25305
(304) 348-3317

Wisconsin
Donna McDowell, Director
Bureau of Aging
Division of Community Services
One West Wilson Street-Room 480
Madison, Wisconsin 53702
(608) 266-2536

Wyoming
Scott Sessions, Director
Commission on Aging
Hathaway Building Room 139
Cheyenne, Wyoming 82002-0710
(307) 777-7986

Appendix 2

Suggested Activities for Older Adult Learning Centers

Older adults bring diverse backgrounds and life experiences to class. Administrators of senior learning centers/recreation departments/community education will find older adults enrolled in a variety of subjects from anthropology to zoology, looking for challenging courses, not mere time-fillers and meaningless activities. Some ideas for short workshops, non-credit courses or other educational activities follow:

Anthropology and Archeology
Afro-American History and Culture
American Culture
Archeology
Aging Around the World

Basic Education
General Education Development (GED)
English Refresher
English as a Second Language

Communications
Storytelling
Creative Writing
Journal Keeping
Poetry Workshop
Films of the '30s and '40s
Writing Your Family History

Consumer Education
Money Management
Saving on Your Utility Bills
Economical Auto Repair
Income Tax for Older Adults
Law for the Layperson
Wills and Estate Planning

Crafts
Ceramics
Glassblowing
Jewelry and Metalcraft
Furniture Refinishing
Woodcarving
Needlework
Quilting
Weaving
Calligraphy
Leathercraft

Current Events
What's Happening in the World?
Analysis of Current Events

Dance and Exercise
Fitness After Fifty
Wheelchair Exercise
Ballroom Dance
Aerobic Dance
Folk Dancing

Earth Sciences
People and Environment
Desert Landscape
Astronomy

Economics and Business
Today's Economy
The World of Computers
Understanding Economic Issues

Foreign Languages
Spanish/French/German for Fun
Mini-Course for Travel in Spanish/French/German Speaking Countries
Japanese

Health
Healthy Living
Alcoholism in the Later Years
Arthritis
Heart Attack Prevention
Understanding Drugs
Medicare Changes
Alzheimer's and Related Disorders: What We Know and How We Cope
Nutrition
Wellness

History
America: Where Are You Going?
History You've Lived Through
(State): The Land and the People
People
Genealogy
Our State Heritage

Home Maintenance
Repairs Around the Home
Fix-it Yourself
Moving Out of Your Home
Homemaking for Men

Humanities and Arts
Art History
Music of Yesterday and Today
History of Dance
Human Values
Introduction to the Humanities

Information and Referral
Peer Counseling for Senior Citizens
Information Please
Legal Assistance
Interview and Outreach

Leadership Development
Legislation Affecting the Elderly
Senior Power
Know Your Legal Rights
The Law and How To Use It
The Silver-Haired Legislature

Life Sciences
The Human Body
Human Sexuality
Human Aging
"Senile" Behavior and its Causes

Literature
Adventures in Literature
The Novel
Short Stories
Great Russion Novelists
The Bible as Literature
Great Books

Mathematics and Science
Fundamental Math
The Metric System
Science for Today
Electricity

Music and Drama
Our Heritage in Music
Gospel Music
Rhythm Band
Play Reading
Drama Workshop

Nature: Inside and Out
Horticulture
Vegetable Gardening
Wildflowers
Birdwatching
Watching the Weather

Nutrition
Creative Cooking on a Budget
Vitamins—Miracles or Myths
Cooking Class for Men
Nutrition for One
Gourmet Cooking
Microwave Cooking

Occult
Astrology
ESP
Psychic Phenomena

Personal Appearance
Fashion, Figure, and Makeup
Recycling Clothing
Sewing for Fun
Dress for Success

Personal Development
Living and Aging
Positive Values—The Joy of Living
Sex Over Sixty
Coping with Widowhood

Philosophy
Humanity, Reason and Behavior
Great Decisions
Plato and Aristotle
Ethics in Health Care

Political Science
American Government
The American Presidency
Current Events from a Historical Perspective
World Trouble Spots

Psychology
Human Behavior
Dream Analysis
Anxiety and Fears
Human Relations

Religion
Great Religions of the World
Bible History
Women in Religion

Retirement Life-Styles
Retirement: Ready or Not
Creative Use of Leisure Time

Safety
Security and Self Defense
Crime Prevention
Safety in the Home
Defensive Driving

Sensory Skills
Lip Reading
Sign Language
Speed Reading

Sociology
Modern Social Problems
The Family in a Changing Society
The Older Woman in America
The Post-industrial Revolution

Sports and Games
Swimming for Exercise and Enjoyment
Bicycling
Tennis
Chess
Bridge
Senior Olympics

Travel
Armchair Travel
Walking Group
Famous Places in Europe

Visual Arts
Drawing and Sketching
Painting Workshop
Sculpture
Photography

Work
Second Careers
Voluntarism
Ombudsman Training
Own Your Own Business
Resume Writing and the Job Interview

Appendix 3

Courses about and for the Aging Offered at the Seven Member Community Colleges of the Western Kansas Community Services Consortium

Degree and Certificate Programs

Courses vary at individual institutions; common programs are:
Nurse Aide (Geriatric) certificate (license)
Activity Director (nursing home) certificate (license)
Social Service Designee (nursing home) certificate (license)
Nursing Home Administrator (Associate Degree) (license)
Associate Degree with Gerontology Emphasis
(Licenses granted by the state; courses qualify for state exams.)

Courses

Introduction to Gerontology
Nurse Aide I
Medication Aide
Nursing Home Activities Colloquium
Nursing Home Administration
Activities for Nursing Home Residents
Geriatric Activity Therapy
Social Service Designee
Aging Process
Biology of Aging
Sociology of Aging
Psychology of Aging
Drugs and the Elderly
Social Psychology
Sexuality and Aging
Gerontological Assessment
Fitness for Life
Fitness for Older Americans: Leader Training Workshop
Death and Dying
Gerontology
Death and Children
Grief Process
Preretirement Planning
Gerontology & Services for the Elderly
Pharmacology for the Elderly
Effective Communications with Older Americans
Wills and Estate Planning
Nutrition
The Later Years
Professional Leadership Roles in Long Term Care
(Others)

Short-Term Education/Training

Nurse Aide (Geriatric)
Activity Director (Nursing Home)
Social Service Designee (Nursing Home)
Workshops presented in above areas. Courses are approved for continuing education for nurses, allied health, and other professionals.

Other workshops and short courses are provided for the elderly themselves, to enhance their quality of life. These courses may be anything from general education to specialized and innovative courses such as computers for seniors, water exercise for arthritis, etc. One college presents an annual aging conference on many such topics.

Special Opportunities for Older Adults

Seniors are encouraged to enroll in regular classes on campus. In many cases, the courses are brought to them: at senior centers, in churches and activity centers, in nursing homes, and even in their own homes where feasible. Some WKCSC colleges offer reduced tuition rates to people over 55; others grant 50 percent tuition scholarships.

Appendix 4a

Rural Age Teams and Participants

Cloud County Community College

2221 Campus Drive
Concordia, KS 66901
913-243-1435
Dr. Darrell Cottingham, Director of Community Education
Lu Losh, Director of Nursing Program
Jim Haritatos, Nursing Home Social Worker
Ruth Pauliette, Retired
Joyce Siefert, RN Instructor in Nursing Program

Colby Community College

1255 S. Range
Colby, KS 67701
913-462-3984
Joe Mildrexler, Dean of Community Service
Marion Richter, RN, Continuing Education Coordinator for Nursing
Ruth Borthwick, RN, former Nurse Educator
Ann Hubert, former RSVP Director
Larry Koon, Sociology Instructor
Nancy Buer, Home Health Nurse
Joyce Hansen, Chair, Health, Physical Education and Recreation
Janice Aldrich, RSVP Assistant
Laura Withington, RSVP Director

Dodge City Community College

14th & Bypass 50
Dodge City, KS 67801
316-225-0186
Jim Lenz, Director of Community Services
Karen Minks, Assistant Director Housing Authority
Charles Barnes, Governor's Council, Citizen
Anita Ness, Director of Nursing
Jenise Braley, RSVP Director
Ed Herrin, DCCC Division Director and Sociology
Harlow McCosh, Director of Development
Roger Pickerign, former Social Sciences Instructor

Garden City Community College

801 Campus Drive
Garden City, KS 67846
316-276-7611
Gene Schneider, Dean of Community Services
Sarah Osborn, Social Science Instructor
Melinda Spannenberg, former Public Relations Director
Angie Miller, RN, Hospice Nurse, Mobile Agency SW Help
Marjie Clarke, Hospital Volunteer Services Director
Jarla Oller, Social Worker
Joyce Boone, Head, Social Sciences Division
Cindy Coates, Director of Senior Center
Donna Kennedy, Head of Nursing Education Program
Dennis Thompson, former Dean of Community Services

Hutchinson Community College

1300 N. Plum
Hutchinson, KS 67501
316-665-3500
Ed Berger, Dean of Continuing Education
Debbie Berndsen, RSVP
Judy Babb, Reno County Health
Lois Churchill, Director of Nursing Degree Program
Wilma Kelley, Nurse Home Aide and Gerontology Instructor
Janet Hamilton, Continuing Education Administration

Pratt Community College

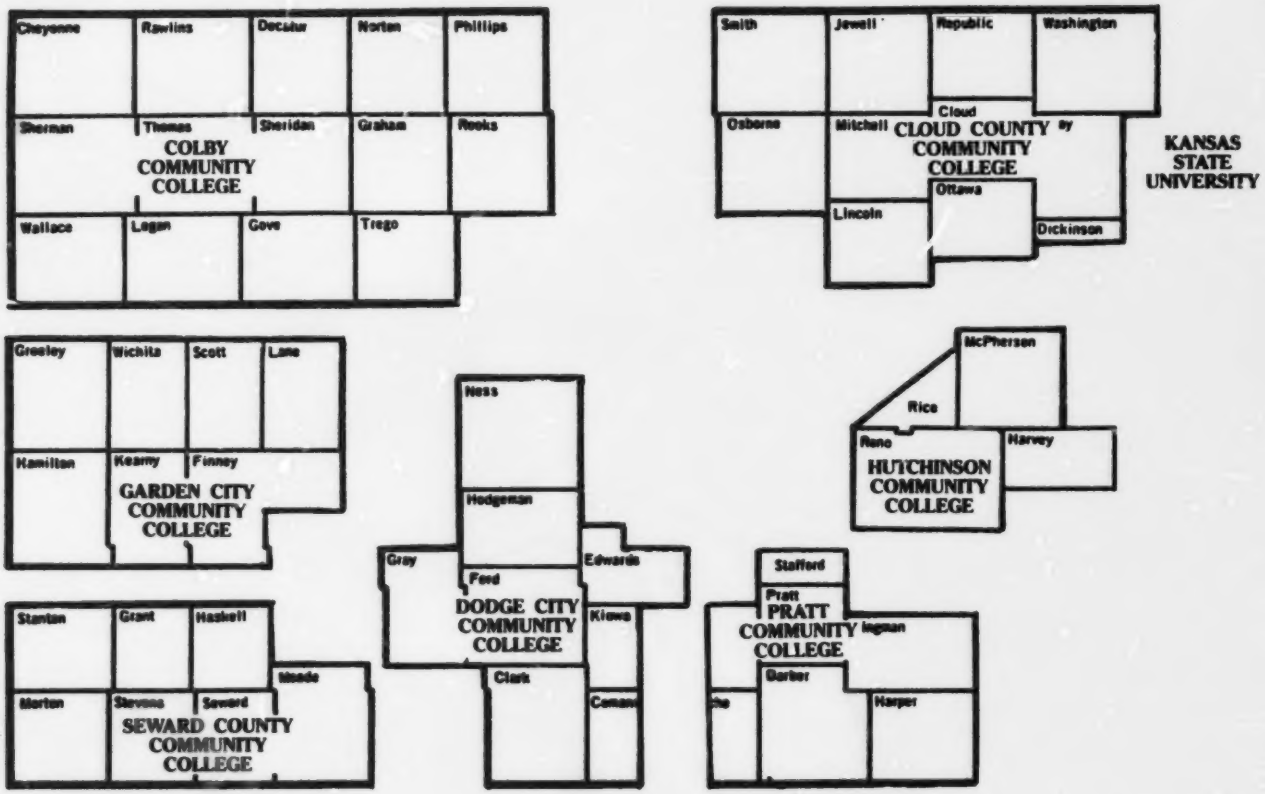
Hiway 61
Pratt, KS 67124
316-672-5641
Betty Stevens, Director of Academic Continuing Education
Don Hullman, former Dean of Instruction
Ken Clouse, Director of Voc./Tech./Con. Ed.
Martha Sanders, Coordinator, Health Occupations, Continuing Education
Obie Benson, former Chief of Social Services, Pratt SRS
Ken Church, former Drama Instructor
Bob Romine, Sociology Instructor
Mike Westerhaus, former Biology Instructor

Seward County Community College

P.O. Box 1137
Liberal, KS 67901
316-624-1951
Doug Radohl, Dean of Community Services
Dr. Thomas Johnnykutty, Chair, Allied Health Programs
Jone Friesen, Director of Nursing
Helen Sloan, Nursing and Gerontology Instructor
Roger Thompson, Director of Liberal Nursing Home
Judy Davis, RN at Nursing Home, Director of Continuing Education
Betty Hollman, Education Coordinator for SW Medical Center
Susan Roberts, Director of Senior Citizen Center
Rev. John Loucks, Minister

Appendix 4b

Service Area of Western Kansas Community Services Consortium 1986



Appendix 5

National Directory of Educational Programs in Gerontology, 1985

Geographical Index of Members of the Association for Gerontology in Higher Education
600 Maryland Ave., SW
West Wing, Suite 204
Washington, DC 20024
(202) 484-7505

Alabama
Alabama, University of
Alabama, University of, at Birmingham
Alabama Center for Higher Education (Consortium)
Jacksonville State University

Alaska
(no members)

Arizona
Arizona, University of
Arizona State University

Arkansas
Arkansas, University of, at Little Rock
Arkansas, University of, at Pine Bluff

California
Beverly Foundation (Organizational Affilitate)
California Polytechnic State University
California, University of, Davis
California, University of, Los Angeles
California, University of, San Francsisco
California State University-Chico
California State University - Sacramento
Levi Strauss Foundation (Organizational Affiliate)
Mount Saint Mary's College
Palomar College
Saddleback Community College
San Diego State University
Santa Clara, University of
Southern California, University of

Stanford University
Western Gerontological Society (Organizational Affiliate)

Colorado
Colorado, University of, Colorado Springs
Colorado State University
Denver, University of
Northern Colorado, University of

Connecticut
Bridgeport, University of
Connecticut, The University of
New Haven, University of
Saint Joseph College

Delaware
Delaware, University of

District of Columbia
American Association of Retired Persons (Organizational Affiliate)
Catholic University of America, The
District of Columbia, University of the
George Washington University
Georgetown University
Gerontological Society of America (Organizational Affiliate)
Veterans Administration (Organizational Affiliate)

Florida
Bethune-Cookman College
Boca Raton, The College of
Florida, University of
Florida International University
Florida State University
Miami, University of
South Florida, University of

Georgia
Georgia, University of
Georgia State University
Kennesaw College (Educational Affiliate)

Hawaii
Hawaii, University of, at Manoa

Idaho
Boise State University
Idaho State University (Educational Affiliate)

Illinois
DuPage, College of
Eastern Illinois University
Elgin Community College
Illinois Benedictine College
Illinois, University of (Consortium)
Moraine Valley Community College
National College of Education
Roosevelt University
Rush University
Sangamon State University
Southern Illinois University at Carbondale
Southern Illinois University at Edwardsville
Triton College (Educational Affiliate)
Western Illinois University

Indiana
Ball State University
Evansville, University of
Indiana Central University (Educational Affiliate)
Indiana State University
Indiana University
Saint Mary-of-the-Woods College

Iowa
Drake University
Iowa, University of (Consortium), Iowa Gerontology Project
Iowa, University of
Iowa State University
Waldorf College

Kansas
Kansas City Kansas Community College
Kansas State University
Kansas, University of
Washburn University of Topeka
Western Kansas Community Services Consortium
Wichita State University

Kentucky
Eastern Kentucky University
Kentucky, University of
Kentucky State University
Louisville, University of
Morehead State University
Southern Baptist Theological Seminary
Western Kentucky University

Louisiana
Grambling State University
Northeast Louisiana University
Southern University in New Orleans

Maine
Southern Maine, University of

Maryland
Baltimore, Community College of
Baltimore, University of
Maryland, University of
Maryland Consortium for Gerontology in Higher Education
Prince George's Community College

Massachusetts
Brandeis University
Bunker Hill Community College
Harvard Geriatric Educational Center (Consortium)
Lowell, University of
Massachusetts, University of
North Shore Community College
Southeastern Massachusetts University

Michigan
Aquinas College
Central Michigan University
Delta College
Eastern Michigan University
Grand Rapids Junior College
Lansing Community College
Madonna College
Mercy College of Detroit
Michigan, The University of
Michigan State University
Mott Community College
Oakland University
Wayne County Community College
Wayne State University
Western Michigan University

Minnesota
Mankato State University
Minnesota, University of
Minnesota, University of, Technical College, Crookston
Saint Scholastica, College of

Mississippi
Mississippi State University
Southern Mississippi, University of

Missouri
Missouri, University of, and Lincoln University (Consortium)
Saint Louis University
Saint Paul School of Theology
Southeast Missouri State University
Southwest Missouri State University
Washington University
Webster University

Montana
(no members)

Nebraska
Nebraska, University of, Medical Center
Nebraska, University of, at Omaha

Nevada
Nevada, University of, Las Vegas

New Hampshire
New Hampshire, University of
New Hampshire College

New Jersey
Fairleigh Dickinson University
Jersey City State College
Kean College of New Jersey
Ramapo College of New Jersey
Rutgers University
Saint Elizabeth, College of
Stockton State College
Trenton State College
Union College

New Mexico
New Mexico State University

New York
Adelphi University
Canisius College
Columbia University
Columbia University, Center for Geriatrics and Gerontology
D'Youville College
Elmira College
Fordham University
Hunter College
Iona College
Marist College
Molloy College
New Rochelle, College of
New School for Social Research
New York City Technical College
New York Medical College
New York, State University of, at Albany
New York, State University of, at Buffalo
New York, State University of, College at Cortland
New York, State University of, at New Paltz
New York, State University of, College at Old Westbury
New York, State University of, at Stony Brook
New York, State University of, College of Technology at Utica/Rome
New York University
Niagara University
North Country Community College
Orange County Community College
Roberts Wesleyan College
Saint John Fisher College
Saint Thomas Aquinas College
Syracuse University
Utica College of Syracuse University
Yeshiva University

North Carolina
Appalachian State University
Duke University
East Carolina University
North Carolina, University of, Chapel Hill
North Carolina, University of (Educational Affiliate), Charlotte
North Carolina, University of, Greensboro

North Dakota
North Dakota, University of

Ohio
Akron, The University of
Baldwin-Wallace College
Benjamin Rose Institute (Organizational Affiliate)
Bowling Green State University
Capital University
Case Western Reserve University
Cleveland State University
Jewish Hospital of Cincinnati, Inc. (Organizational Affiliate)
Kent State University

Lakeland Community College
Miami University
Northeastern Ohio Universities College of Medicine
Ohio, Medical College of
Ohio State University, The
Ohio University
Wright State University
Youngstown State University

Oklahoma
Oklahoma, University of
Oklahoma City Community College
Rose State College (Educational Affiliate)

Oregon
Oregon, University of
Oregon State University
Portland, University of

Pennsylvania
Alvernia College (Educational Affiliate)
California University, of Pennsylvania
Edinboro University of Pennsylvania
Gannon University
Gwynedd-Mercy College
King's College
Misericordia, College
Mount Aloysius Junior College
Pennsylvania State University, The
Philadelphia, Community College of
Pittsburgh, University of
Scranton, University of
Shippensburg University of Pennsylvania
Slippery Rock University
Temple University
TirLawyn (Organizational Affiliate)
York College of Pennsylvania

Rhode Island
Brown University
Newport College–Salve Regina
Rhode Island, University of
Rhode Island College

South Carolina
South Carolina, University of

South Dakota
(no members)

Tennessee
East Tennessee State University
Fisk University
Meharry Medical College
Memphis State University
Tennessee, University of, Center for the Health Sciences
Tennessee, University of, Knoxville

Texas
Abilene Christian University
Baylor University
North Texas State University
Paul Quinn College
Saint Edward's University
Stephen F. Austin State University
Texas, University of, Health Science Center at Dallas
Trinity University

Utah
Utah, University of
Weber State College

Vermont
Vermont, University of

Virginia
Ferrum College
George Mason University
Hampton University
Lynchburg College
Norfolk State University
Presbyterian School of Christian Education, The
Southside Virginia Community College
Virginia Commonwealth University, Medical College of Virginia
Virginia Polytechnic Institute and State University
Virginia Union University

Washington
Central Washington University
Washington, University of

West Virginia
West Virginia University

Wisconsin
Milwaukee Area Technical College (Educational Affiliate)
Mount Mary College
Wisconsin, Medical College of
Wisconsin, University of, Eau Claire
Wisconsin, University of, Madison
Wisconsin, University of, Milwaukee
Wisconsin, University of, Oshkosh

Wyoming
(no members)

Commonwealth of Puerto Rico
Puerto Rico, University of

Canada
British Columbia, University of
Quebec, University of, in Hull
Simon Fraser University
Toronto, University of
Victoria, University of

Appendix 6a

Tips on Conferences

Our community college people have attended and planned many conferences. On the whole, they like:

- Fast-moving presentations.
- Practical applications to their jobs or personal lives.
- A variety of interesting presenters.
- A variety of presentation methods/techniques; handouts summarizing presentations; the use of visual aids; audience involvement and participation when possible.
- Opportunities to mix informally and build networks; breaks over coffee, social hours, tours, special shows, etc. Conferences (and education) should be fun!
- Opportunities for physical movement, a change of pace from sitting all day.
- Comfortable chairs, good food, and other amenities.
- A schedule allowing for travel time.

They do not like:

- Speakers who perceive that their main goal is to impress the audience, whose main thrust is theoretical, with very little practical application to jobs or personal lives.
- Prolonged sitting without breaks.
- "Workshops" which are really lectures, with no audience involvement.
- Speakers who do not adhere to the major point of a conference.
- Too tight a schedule: no time for audience questions after presentations.

Appendix 6b

Rural AGE Year 1 Conference

November 1–2, 1983
All Seasons Motel, 1501 Tuttle Creek Blvd
Manhattan, KS 66502
funded by FIPSE grant #G0083 02735

Tuesday, November 1

6:00–7:00 p.m.	Registration
7:00–8:00 p.m.	Opening remarks and welcomes: introduction, overview
8:00–8:15 p.m.	Break
8:15–9:30 p.m.	Tom Hickey, D.P.H., University of Michigan Health Gerontology. "Accessing Gerontological Education."
9:30–10:30 p.m.	Reception for Conference Participants

Wednesday, November 2

7:30 a.m.	Buffet Breakfast
8:30–10:00 a.m.	Team meetings with consultants
10:00–10:15 a.m.	Break
10:15–11:45 a.m.	Tom Hickey, D.P.H., remarks and general session discussion
12:00–1:30 p.m.	Luncheon presentation by C. Edwin Vaughn, Ph.D., University of Missouri, Columbia. "Gerontological Curriculum Building in Rural Areas."
1:30–2:30 p.m.	Teams meet with consultants
2:30–3:00 p.m.	Wrap-up

Sponsored by
Kansas State University Center for Aging—(913) 532-5945
Kansas State University Division of Continuing Education
Western Kansas Community Services Consortium
Kansas Gerontology Consortium

Purpose of Conference:

1. To develop relationships and linkages between the six community college teams and their members and gerontological faculty from the three Kansas Gerontology Consortium (KGC) institutions.

2. To obtain an overview about gerontological education in general and explore the uniqueness of gerontological education in rural settings.

3. To gain familiarity with instructional support materials.

4. To build upon the strengths within each team to develop and implement gerontological courses and curricula.

Intended results of conference:

1. Each team identify and become acquainted with one or more KGC consultants who could assist in conceptualizing, developing, and implementing a spring or summer gerontological course offering.

2. Each team identify and become acquainted with one or more KGC consultants who could assist in conceptualizing and developing a gerontological curriculum appropriate to the team's community college.

3. Each team document the steps necessary to develop and implement a spring or summer course offering and/or gerontological curriculum.

"Positive Aging"

A Conference for Gerontological Training
February 16–17, 1984
Red Coach Inn, Salina, KS

Sponsored by the Western Kansas Community Services Consortium, and funded by the U.S. Dept. of Health and Human Services, Administration on Aging, Grant #A90AT0091/01.

February 16

10:00 a.m.–12:00 noon	*Early Bird Bonus:* Videotape Festival and Book Fair: Regency II
11:30 a.m.–12:00 p.m.	Registration: Courtyard
12:00–1:00 p.m.	Lunch: Courtyard Welcome and introductions Announcements and focus of conference
1:00–1:45 p.m.	Conditioning and Aerobics for Older Americans: Joyce Hansen (Participation: wear clothes that allow freedom of movement, tennis shoes): Regency I
1:45–2:30 p.m.	Module Development Needs Assessments Helen Connors: Regency I
2:30–3:00 p.m.	Intergenerational Communications: Lynn Osterkamp: Regency I
3:00–3:45 p.m.	Water Exercises for People with Arthritis Joyce Hansen (Wear swimsuit): Pool
3:00–3:30 p.m.	Nutrition and the Elderly Kay Newell: Regency I
3:30–4:00 p.m.	Break
4:00–4:30 p.m.	Volunteerism: Marvin Kaiser Regency I
4:00–4:30 p.m.	Preretirement Planning: Edith Stunkel: Regency II
4:30–5:00 p.m.	Sexuality in the Elderly Carol Holcomb: Regency I
4:30–5:00 p.m.	Safety in the Adult Care Home James R. Shay: Regency II
5:00–5:30 p.m.	Dispelling the Myths about Aging Nancy Intermill: Regency I
5:30–6:30 p.m.	Hospitality Hour: a chance to visit with consultants and colleagues: Suite 150
6:30–7:30 p.m.	Banquet: Courtyard Gerontopia: Marvin Kaiser
7:30–9:00 p.m.	Resources available: human, videotapes, and books: Regency II, Courtyard

February 17

8:00–9:00 a.m.	Buffet Breakfast: Courtyard
9:00–10:00 a.m.	Colleges choose modules Regency I
10:00–11:00 a.m.	Choose module design Regency I Assisted by consultants Helen Connors, Nancy Intermill, Lynn Osterkamp

11:00–12:00 p.m.	Each college meet separately: Regency I & II Decide on consultants Visitation schedule Develop action steps for implementation Develop timetable Wrap-up
12:00–1:00 p.m.	Lunch
12:00–1:30 p.m.	WKCSC meeting College teams may reconvene to continue planning, if desired Resources also available for browsing

Rural AGE Year 2 Conference

Salina Red Coach Inn, September 17–18, 1984
funded by FIPSE grant #G0083 02735

Monday, September 17—WORKDAY

8:00–9:00 a.m.	Breakfast, Registration, and Resource Fair: Lobby
9:00–9:30 a.m.	Welcome, introductions, announcements Conference objectives and Year 2 expectations: Regency I
9:30–11:00 a.m.	Curriculum Development Processes—Overview Presentation by Gerald Bailey, Ph.D. and Harvey Littrell, Ph.D., (retired), Department of Curriculum and Instruction at KSU: Regency I
11:00–11:15 a.m.	Break
11:15 a.m.–12:30 p.m.	Scope and Sequence Charts: Outlining our Curricula: Regency I
12:30–1:15 p.m.	Lunch: Lobby
1:15–2:00 p.m.	Young at Heart: Fitness for Life. Teresa Young, M.Ed. (Exercise Specialist, Health Plus, Kansas City): Regency I
2:00–3:00 p.m.	Gerontological Curriculum Resource Guides: Refining our Curricula: Regency I
3:00–3:15 p.m.	Break
3:15–4:30 p.m.	Curriculum Work Session: Regency I
4:30–5:30 p.m.	WKCSC Meeting: Hospitality Suite 150 Resource Fair: Lobby
5:30 p.m. +	Happy Hour: Hospitality Suite 150 Dinner: Lobby
7:00 p.m.	WKCSC Meeting: Hospitality Suite 150 Resource Fair: Lobby
8:00 p.m.+	Open evening

Notes: Dress Casually
Resource Fair will be available all day. Door buster special freebies will be available as long as supplies last. Come early—stay late!!

Kansas Gerontology Consultants on September 17 will be: Nancy Intermill (Washburn University), Pat Wahlstedt (KU Long Term Care Gerontology Center), and Marvin Kaiser, George Peters, Edith Stunkel (Kansas State University).

Tuesday, September 18

6:30–7:30 a.m.	Optional Fitness Hour Run: Jim Lenz Brisk Walk: Wilma Kelley Swim: Joyce Hartmann Zen Sit or Tai Chi: George Peters Yoga Bed Press: Betty Stevens
8:00–8:45 a.m.	Breakfast (buffet), announcements Knights
9:00–10:45 a.m.	Recap and overview of Day 2 of conference. Team sharing on Year One Rural AGE courses, GEM modules. Moderated by Joe Mildrexler. Regency I

10:45–11:15 a.m. Concurrent Sessions

1. The Kansas Home Health Aide Curriculum. Linda Fornelli, R.N. and Myrna Bartel, R.N. (Consultants to Department of Health and Environment)

2. Paying for Programs in Gerontology. Robert P. Lowman, Ph.D. (Assistant Dean for Research Services, KSU)

Regency I & Suite 150

11:15–11:45 a.m. Concurrent Sessions

1. Senior Citizen Olympics. Ann Hubert (Colby), Joyce Hansen (Colby), Joyce Hartmann (WKCSC)

2. Motivating Gerontologists: Opportunities for Team members and other faculty. Edith Stunkel (KSU Center for Aging)

Regency I & Suite 150

11:45 a.m.–12:30 p.m. Wrap-up: conference evaluation, site visit scheduling, what is needed from KSU, how to integrate GEM modules into curricula, how to integrate concurrent session ideas into curricula, etc.

Regency I

12:30–1:30 p.m. Lunch and farewell

Lobby

Appendix 7a

Order Form for Gerontological Education Modules

Western Kansas Community Services Consortium (WKCSC)
1007 West Eighth St., Pratt, KS 67124
(316) 672-2566

These modules are instructor-based, and were written and field-tested by WKCSC community colleges. To order, copy this form and place the quantity desired in the space provided to the left of each module title. Allow 3 weeks for delivery.

Written and tested by Dodge City Community College:

____ $3.50 "Dealing with Death, Bereavement, Grief, and Mourning" (for health care provider and layperson)

____ $2.50 "Drugs and the Elderly"

____ $2.00 "Well-being in Old Age" (Above two modules for people 65 and over)

Written and tested by Garden City Community Community College:

____ $5.00 For four short modules on home care, designed for family members, homemaker-home health aides, senior companions, and RSVP volunteers who provide in-home services: "Introduction to Home Care"; "Keeping your loved one at home"; "Home care of the elderly with chronic illnesses"; "Home care of the elderly with cancer".

Written and tested by Seward County Community College:

____ $2.00 "Psychotropic Drug Therapy and the Older Adult"

____ $2.00 "Non-pharmacological Intervention in Behavioral Disturbances of the Geriatric Client"

____ $2.00 "Cardiovascular Drugs in the Geriatric Client"

____ $2.00 "Overview of Pharmacokinetics in Gerontology"

Written and tested by Hutchinson Community College:

____ $3.50 "Physical and Psychological Changes of your Aging Parent"

____ $3.50 "Living Arrangements for your Aging Parent"

____ $3.50 "Communicating with your Aging Parent"

____ $3.50 "Community Resources for your Aging Parent"

• • • •

____ $35.00 All modules

ADD

____ $1.00 Postage and handling for 1 to 4 modules

____ $3.50 Postage and handling for 5 or more modules

Total # of modules ordered ____ Amount Enclosed (Make checks to WKCSC) $_____

Appendix 7b

Guidelines for Gerontological Module Development*

Purpose/Definition

Each module will consist of a self-contained three-hour gerontological topic, written for an instructor, and suitable for an audience of elderly people or those who care for the elderly. Modules will be competency-based and designed to enable students to develop specific skills, knowledge, and attitudes.

Module Format

Each module should include the following components for uniformity and sharing.

1. Name of topic: Be brief and specific.

2. Synposis: Provide a summary or description of the main topics covered in the module in one or two sentences.

3. Rationale: Discuss the significance of the module content and its application to the target audience, in two to four paragraphs. Describe how the module will ultimately benefit the elderly. If the module is designed for service providers, explain typical situations and settings in which the human service workers would be likely to use the knowledge, skills, and attitudes learned in the workshop.

4. Resources: Provide an annotated list of books, articles, films, videotapes, human resources, and anything else an instructor could use to prepare or present the module. Limit the list to no more than ten books or articles, three audio-visual resources, and, if available, one or two other types of resource materials.

5. Suggested presentation content and methods: This section should provide enough information to enable the instructor to plan a lesson, but need not include full details. Instructors who use our modules must have familiarity with the subjects, but will be able to develop better presentations by using the recommended resource materials and selected ideas for presentation methods. This section includes three parts:

a. Topic outline: The main topics (three to six) should be organized in a logical presentation order.

b. Student competencies: Include objectives for student or trainee learning, usually one to four per topic, stated in behaviorally measurable terms. Include knowledge, skills, and/or attitudes. Be concrete and emphasize practical applications.

c. Suggested presentation methods: Present two to four ideas for presenting each topic in a classroom setting. They will probably not correspond exactly with trainee competencies, but should be presented with enough information so that the instructor will know what main areas to cover and how to structure the presentation. Lectures and audio-visual presentations will meet cognitive objectives; and most skills and attitudes are best fostered through experiential methods such as discussion, practical exercises, problem-solving groups, case analysis, role playing, simulations, etc. Also consider methods such as guest lecturers or panels, debates, brainstorming, etc. Try to draw on participants' experiences and encourage them to apply their learning to their "back-home" settings.

6. Assessment: Objective post-test questions (multiple choice, true/false, and/or completion items) covering the main topic areas should be included, along with the correct answers. If desired, a pre-test can be included.

7. Sample lesson schedule: A sample schedule of how you might conduct the instruction during the three hours should be included. Obviously all the presentation methods would not be used, but it should cover all the main topics outlined.

8. Optional additional materials: If you have any brief aids to instruction such as illustrations, charts, short articles, etc., please attach them and document the source.

How The Modules Will Be Used

Each community college will develop at least four modules in gerontological topics. They will test/teach them on their own site, make any necessary module revisions, and provide the Western Kansas Community Services Consortium with a copy of each of their modules. In turn, each college will receive twenty additional modules from the other colleges, providing access to twenty-four total modules for unit and curriculum building.

The module developers will retain the right to copyright, publish, adapt, or otherwise use their materials, with the understanding that the Western Kansas Community Services Consortium may use them for educational purposes.

*These guidelines were distributed at the G.E.M. conference and were used to develop the WKCSC modules. They are adapted from material provided to WKCSC by Dr. Debra David, former Director of the Gerontology Program, Elgin Community College, Elgin, IL 60120.

Appendix 8

Sample of Foundations Which Fund Gerontological Projects

Name, Address, & Phone	Areas of Interest	For Further Information
AARP Andrus Foundation 1909 K Street, N.W. Washington, DC 20049	Grants to universities for action research in gerontology aimed at producing practical information for AARP, its members, and society at large.	Criteria and application information are available. Address inquiries to: Dr. Kenneth Cook, Administrator
Florence V. Burden Foundation 630 Fifth Avenue New York, NY 10111	Grants on problems of the elderly and crime and justice; emphasis on practical solutions, management improvement, policy research, and demonstration projects.	Policy statement and grant application guidelines are in annual report. Initial approach by letter.
Dorr Foundation P.O. Box 281 Bedford, NY 10506	Grants primarily for conservation; support also for special education projects on the aged with some emphasis on conservation.	Initial approach by full proposal in five copies, including 1 or 2 page summary.
The Education Foundation of America 35 Church Lane Westport, CT 06880	Grants largely for higher education, including education for American Indians, medical education; also population control, children's education, and research in gerontology.	Initial approach by letter. Submit one copy.
The General Foods Fund 250 North Street White Plains. NY 10625 914/335-2400	Grants on highly selective basis to national programs addressing needs of women, the elderly, youth minorities, and the disadvantaged with focus on health care (diet and excercise).	Program policy statement available. Initial approach by letter.
Paul F. Glenn Foundation for Medical Research 72 Virginia Drive Manhasset, NY 11030	Grants on biology of aging; causes of the aging process; to increase stature of gerontology; broaden public understanding of aging; educate public on ways to delay or prevent senility.	Focus is very much on medical research. Small foundation with no published procedures for applications.
The Kresge Foundation P.O. Box 3151 Troy, MI 48007 313/643-9630	Challenge grants only for building construction or renovation projects, including project for four-year or graduate higher education or the care of the aged.	Program policy statement and application guidelines available. Initial approach by letter or telephone.
The Ralph M. Parsons Foundation 1545 Wilshire Blvd. Suite 410 Los Angeles, CA 90017 213/483-8030	Giving primarily to higher education & social impact areas, including assistance to children, battered women, and seniors.	Program policy statement and application guidelines available. Initial contact by letter. Submit two copies.
Public Welfare Foundation 2600 Virginia Ave., N.W. Room 505 Washington, DC 20037 202/965-1800	Grants primarily to grass roots organizations. Programs must serve low income population, with preference to short-term needs. Programs for seniors are considered if they meet the above criteria.	Program policy statement and application guidelines available in annual report. Initial approach by full proposal in one copy.
Retirement Research Foundation 325 Rouhy Avenue Park Ridge, IL 60068 312/823-4133	Grants to conduct research on problems of industry and of individuals arising from the retirement of workers from regular gainful employment, and the problems of aging. Model projects also supported.	Program policy statement and application guidelines available. Initial approach by letter or full proposal in three copies.

Appendix 9

University Participants in Pilot Projects

Kansas State University Participants:
Manhattan, KS 66506

Gerald Bailey, Professor, Curriculum & Instruction, Bluemont Hall 913-532-5847

Gwen Bailey, Action Agenda Project Coordinator, Continuing Education, Umberger Hall, 913-532-5560.

Carol Ann Holcomb, Associate Professor, Human Development and Family Studies, Justin Hall, 913-532-5510

Clyde Jones, Professor, Management, Calvin Hall, 913-532-5875

Marvin Kaiser, Head, Sociology, Anthropology and Social Work, Waters Hall, 913-532-6865

Marilyn Legg, Administrative Assistant, Center for Aging, Fairchild Hall, 913-532-5945.

Robert Lowman, Assistant Dean for Research Services, Graduate School, Fairchild Hall, 913-532-6195

Sue Maes, Director of Planning and Resource Development, Continuing Education, Umberger Hall, 913-532-5560.

Kathleen Newell, Professor, Foods and Nutrition, Justin Hall, 913-532-5508

Harold Orbach, Associate Professor, Sociology, Anthropology and Social Work, Waters Hall, 913-532-5510.

George R. Peters, Professor, Sociology, Anthropology and Social Work, and Director, Center for Aging, Fairchild Hall, 913-532-5945

Edith L. Stunkel, Assistant Director, Center for Aging, Fairchild Hall, 913-532-5945

Ted Wischropp, former Director of Development, Continuing Education, Umberger Hall, 913-532-5560

University of Kansas Participants:
316 Strong Hall
Lawrence, KS 66045

Ron Harper, former Director, Gerontology Center, 913-864-4130

Lynn Osterkamp, Gerontology Center, 913-864-4130

Donna Schafer, Gerontology Center, 913-864-4130

Washburn University Participants:
Topeka, KS 66619

Nancy Intermill, Director, Gerontology Program, Benton 30, 913-295-6619

Jim Shay, former Assistant Professor, Industrial Safety and Health, 913-295-6619

University of Kansas Medical School Participants:
39th & Rainbow
Kansas City, KS 66103

Helen Connors, Assistant Professor and Coordinator of Continuing Nursing Education, 913-588-1634

Russ Mills, Director, Long Term Care Gerontology Center, 913-588-1209

Linda Redford, Associate Director, Long Term Care Gerontology Center, 816-588-1210

Pat Wahlstedt, Educational Director, School of Nursing, 913-588-1632

Appendix 10

"Link Up for Gerontology"

***AACJC Journal* April/May 1986 by Joyce Hartmann**

According to some colleges in Kansas, caring is sharing resources

One of the most important trends affecting college enrollment today is the graying of America. We must respond to ever increasing numbers of older Americans by providing gerontological curricula for the general public and for direct service providers to this population segment.

While college administrators may recognize this need, often they do not have trained gerontological faculty. A pragmatic solution can be found if colleges would link up with agencies in existing networks on aging.

Our consortium of western Kansas community colleges and a state university developed one coalition after another to achieve dramatic and fast results in curricular development. By sharing our ideas here, we add another chain to our link.

The Graying of America

Demographic experts tell us that aging is an international phenomenon. In our country the older population (persons sixty-five and over) numbered 27.4 million in 1983: 11.7 percent of the U.S. population. This number increased by 1.7 million, or six percent, since 1980, compared to a population growth of three percent for those under sixty-five. Older people are predominantly women, with 149 older women for every 100 older men. This skewed sex ratio increases with age.

Since 1900 the percentage of older Americans has almost tripled, with the eighty-five-plus group increasing twentyfold. By 2030 older Americans will number about sixty-five million, two and one-half times their 1980 number, about twenty-one percent of the total population.

In 1983 nearly half of older Americans lived in seven states: California and New York each had over two million, and Florida, Illinois, Ohio, Pennsylvania, and Texas each had over one million. Persons sixty-five and older made up at least thirteen percent of the population in eleven states: Florida, seventeen percent; Arkansas, Iowa, Missouri, Pennsylvania, Rhode Island, and South Dakota, fourteen percent; and Kansas, Maine, Massachusetts,and Nebraska, thirteen percent. In twelve states the sixty-five-plus population has grown by more than ten percent since 1980.

Greater numbers of elderly people are found in rural areas. Kansas ranks eighth among the fifty states in the proportion of persons sixty-five and older. The highest proportion of older Kansans live in small towns (19.5 percent of the residents in towns with a population of 1,000 to 2,500; 18.1 percent in towns with a population of 2,500 to 10,000).

WKCSC's Solution

In a land where hostile prairie winds can develop into eighty-mile-per-hour blizzards, farmers and ranchers learn early that survival may depend on having a friendly neighbors. And so it was not unusual that our first "linkage," the Western Kansas Community Services Consortium (WKCSC), evolved in 1971, long before this educational jargonese became fashionable. Present membership consists of the community colleges of Colby, Cloud County, Dodge City, Garden City, Hutchinson, Pratt, and Seward County, with a service area of fifty-seven out of 105 total Kansas counties, and Kansas State University (KSU) in Manhattan, a land-grant institution.

Our purpose is to expand and improve community service programs by combining forces, coordinating activities, and eliminating duplication. Cooperating in this manner is a very practical solution; it makes "cents" to unite forces in these times of budget cutbacks.

Member colleges are represented by the dean/director of continuing education/community services; KSU is represented by the director of development in the division of continuing education. Elected officers serve without pay. Each representative has access to institutional resources and receives travel time to attend about ten meetings a year. Each institution pays $1,000 annual dues.

An executive director is retained to obtain further funding, direct projects, and administer WKCSC business. This position, presently full-time, varies according to programs. Since its existence WKCSC has averaged one to three grants annually.

The Kansas Gerontology Consortium (KGC) provides us with a strong link to human and material resources. This loosely structured organization has no dues, staff, or regular meetings, uniting primarily to coordinate programs. Members are the center for aging at KSU, the gerontology center at the University of Kansas, the long-term gerontological care center at the University of Kansas Medical Center, and the gerontology program at Washburn University in Topeka.

Curricular Development

In 1983 WKCSC received a grant from the Administration on Aging, U.S. Department of Health and Human Services, to develop gerontological curricula in a project called Rural G.E.M.: Gerontological Education Modules. The center for aging at KSU, in collaboration with WKCSC, also received a three-year grant from the Fund for the Improvement of Post-Secondary Education in 1984 for a project called Rural A.G.E.: Accessing Gerontological Education. Rural G.E.M. developed noncredit courses, instructor-based modules, and short courses. Rural A.G.E. developed credit courses and laid the groundwork for sequential curricular offerings. Each

project complemented the other end and, in fact, more than doubled results.

In order to develop curricula we needed professional development for our faculty and staff. Our initial source of expertise was KGC and particularly the KSU center for aging. We came to rely on the administrative staff of George Peters, Edith Stunkel, and Marilyn Legg to advise us about available texts, videotapes, references, organizations, and consultants.

It was through their counsel that we interacted with the Association for Gerontology in Higher Education, the American Society on Aging, Mid-America Congress on Aging, Kansas Department on Aging, and area agencies on aging, among others. Colleges also linked up with the gerontology center at Wichita State University and gerontologists at proximal universities in bordering states. Helpful consultants at these agencies led our faculty and community to greater awareness or the scope and nature of gerontology (not to be confused with, as some of our citizenry thought, gynecology). Funds were available for faculty to attend conferences sponsored by these professional organizations; this in turn led to further growth, networking, and new ideas.

The colleges organized gerontological teams, task forces of five to eight members, to set and achieve goals and objectives for the development of curricula in their own institutions. Team members included administrators of continuing education; instructors in nursing, sociology, and biology; directors of nursing homes, senior centers, and Retired Senior Volunteer Programs; and social workers. Task forces were often expanded to include additional representatives from local agencies on aging in all college service counties. Community advisory councils of twelve to fifteen members continue to provide input concerning curricula needs assessment.

These gerontology teams and advisory councils have been a tremendous resource to the colleges in their development of new curricula. The colleges have experimented with and modernized other curricular offerings as well, including such topics as death, drugs, intergenerational communications, stress, wellness and stereotypes of aging. Participants in WKCSC meetings and conferences have shared successes and failures, in turn generating new ideas and experimentation. Funds were used to acquire new materials, references, films, and videotapes.

To implement some of our curricula in Rural G.E.M. four colleges developed sixteen modules on such topics as drugs and the elderly, wellness, death and dying, home care of the elderly, and the aging parent. These instructor-based modules are intended to cover three hours of instruction, but can be easily condensed or expanded into one- or two-day workshops. Each is self contained but can be combined with other related modules to form a class (five three-hour modules make up the fifteen-contact-hour college credit) or can be integrated into existing courses.

Convention Focus: Gerontology

Kansas ranks high among the fifty states in the number of residents aged sixty-five and older. It remains to be seen which states will head the list fifty years from now when the older American population doubles.

The experiences of the Western Kansas Community Services Consortium in caring for the elderly and educating the public to the needs of the elderly are the focus of Forum 103, "Pathways to Gerontology: Follow the Gray Brick Road." Joyce Hartmann moderates this Wednesday morning event (10:15–11:30), which will present strategies for curricular development in gerontology, and ideas for linking up with other agencies to improve community services. Presenters Darrell Cottingham, Gene Schneider, and Ed Berger will also discuss consortia types and advantages, advisory councils, interagency linkages, staff development, and marketing.

Each module contains a brief synopsis, a rationale, a list of useful and current resources, suggested presentation methods, and various teaching aids. (These modules, field tested and shared by WKCSC members, can be obtained at cost from WKCSC, 1007 West Eighth Street, Pratt, KS 67124; 316/672-2566.)

We developed for Rural A.G.E. a how-to manual for college administrators, with pragmatic suggestions and step-by-step procedures to implement gerontological curricula. The manual also serves as a reference guide. (To obtain a copy, contact KSU Center for Aging, Fairchild 1, Manhattan, KS 66506; 913/532-5945.)

Wealth of Achievements

We build on commonalities, yet we possess Montaigne's "most enviable quality: diversity." Each college has achieved unique results, depending on indivudual community resource and needs.

Colby Community College, for instance, for the convenience of residents in its large, fourteen-county service area, often plans one- and two-day events to make travel time worthwhile. Events sponsored last year include the first annual Northwest Kansas Gerontology Symposium, a two-day workshop for nurses, nursing home administrators, social workers, and the like; the second annual Northwest Kansas Conference on Aging, for senior citizens and the interested public; and the second annual Northwest Kansas Senior Olympics, a community service event to promote fitness and fun for older Kansans.

A new policy has been put in place at Colby last year: CCC is paying all tuition and fees for senior citizens of Thomas County.

"Even though we've had gerontology courses in place since 1970, the grants caused us to examine our curricula and content, expand upon it, and modernize it," said Joe Mildrexler, dean of community services at Colby and WKCSC president.

"They provided a valuable focus for us," added Jim Lenz, director of community services at Dodge City Community College. "Because of these projects we've extended our offerings much farther into the community. Other results include more awareness of aging problems and populations and closer cooperation among divisions within the colleges."

Hutchinson Community College, our most urban member (population 40,284), is regarded by many in the community as an informal center for aging. Gerontology is frequently featured in evening workshops. Some of the more innovative include the Split Brain: Implications for the Stroke Patient and Counseling of Older Adults (a direct request from the local advisory council). HCC also taught its first Elderhostel class last summer.

In conjunction with new course offerings, Janet Hamilton, coordinator for continuing education, has developed a monthly newsletter called *The Gerontologist*. Sent to attendees of gerontology workshops, nursing homes, service providers, and other individuals working with the aging population, the newsletter has a circulation of 500.

Activities, newsletter, awareness, professional memberships, and courses—most would not have happened without the linkage provided by the consortium. "Our contacts with WKCSC have given us enough gerontological knowledge that we could pursue what we needed," said Lois Churchill, chair of the allied health department and director of HCC's nursing program.

Churchill spent one summer conducting a survey of gerontological curricula in community colleges across the nation. Findings are being used to upgrade HCC's curricula and are being shared with other WKCSC colleges for their use in improving curricula.

Garden City Community College, which emphasizes home care, has also found the WKCSC sharing valuable. "It allowed us to know the why's and how's of other community colleges in gerontology," said Gene Schneider, dean of community services and WKCSC vice president. GCCC's most recent activity involved organizing a community support group of caregivers for older parents and relatives/friends. If successful, this support group could well evolve into an advocacy group.

At Pratt Community College the multidisciplinary nature of gerontology is evidenced in the new courses Sociology of Aging, Biology of Aging, and Psychology of Aging. One- and two-day workshops are also frequently offered to appeal to a broad spectrum of people. Betty Stevens, director of continuing education, reports increased involvement in policymaking and advocacy as a result of PCC's gerontological emphasis.

Although Cloud County Community College is the newest consortium member, it has the oldest clientele. CCCC's ten counties average 23.12 percent of the population of persons sixty-five and older—nearly one in four persons.

"This year the catalog will reflect a full-blown program in gerontology, featuring the associate in arts degree with an emphasis on gerontology," said Darrell Cottingham, director of community education. Courses include Social Gerontology, Fitness for Life, Sexual Enhancement in the Later Years, and Life-Span Review.

At one of the WKCSC conferences we had a session to share accomplishments. About this session Doug Radohl, dean of community services at Seward County Community College, said, "It was exciting to see what was done individually at institutions concerning curriculum development, but it was almost breathtaking to see what was done as a consortium of seven community colleges. Personally I was not looking forward to listening to what I thought was going to be a boring morning of show-and-tell. But as the morning unfolded I was actually feeling chills up my back at the vast nature of the curriculum developed. And to add to the beauty of the whole circumstance, community colleges can share with each other what was accomplished and not have to reinvent the wheel as a result of the consortium."

Ted Wischropp, director of development in the division of continuing education at KSU, found many positive outcomes stemming from KSU's link with community colleges. He believes that this cooperative relationship between the university's center for aging and WKCSC could serve as a catalyst and a mechanism for future projects.

A Most Refreshing Soup

We of the Western Kansas Community Services Consortium take a positive approach to aging, choosing to believe that there is no problem because people live longer (as many people think), but only when the quality of that long life is poor. We strive to improve the quality of life for our elderly through education, with a resultant spinoff being an improved positive image for each college.

In a presentation at the Association for Gerontology in Higher Education (February 1985 in Washington, D.C.) Radohl summed up the nature of linkages, comparing it to a magician (center for aging) who prepared a soup for hungry villagers (community colleges). In a large pot of water he place magic stones (grant money, expertise of consultants, encouragement, etc.) As he tasted the brew he said, "Hmm, not bad, but it needs some salt" (local expertise). He tasted it again and said, "I think it needs some carrots" (local resources). And again he tasted it, suggesting celery (enthusiasm). The magician continued in this manner until he had a most refreshing soup that fed the entire village to their delight.

"Let us hope we can continue to make our soup until all the needs of the elderly are met," Radohl concluded.

Our nation's colleges will be challenged to meet those needs. We can meet this challenge by seeking the golden opportunities at the end of life's rainbow, and linking up for gerontology.

ERIC Clearinghouse for Junior Colleges
JAN 9 1987